

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90144 020 ***150.00

DOCUMENT # P02000056360

1. Entity Name
JAMES O. SURGEY, INC.



Principal Place of Business
1624 SAVONA PARKWAY
CAPE CORAL FL 33904

Mailing Address
1624 SAVONA PARKWAY
CAPE CORAL FL 33904

2. Principal Place of Business
1923 SE 36TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1923 SE 36TH TERRACE
Suite, Apt. #, etc.

City & State
CAPE CORAL, FL.
Zip
33904
Country
USA

City & State
CAPE CORAL, FL.
Zip
33904
Country
USA

4. FEI Number
04-3673279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NICHOLS, JAMES L
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURGEY, JAMES O 1624 SAVONA PARKWAY 1923 SE 36TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James O. Surgery* **SIGNATURE REQUIRED** **JAMES O. SURGEY** **1-8-03** **239-549-8683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)