

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90491 033 \*\*\*150.00

**DOCUMENT # P02000061266**

1. Entity Name  
**JEREMY J. CATE, P.A.**



Principal Place of Business  
**13251 CORBEL CIRCLE  
APT #1533  
FORT MYERS FL 33907**

Mailing Address  
**13251 CORBEL CIRCLE  
APT #1533  
FORT MYERS FL 33907**

2. Principal Place of Business  
**1730 SE 47th Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**1730 SE 47th Terrace**  
Suite, Apt. #, etc.

City & State  
**Cape Coral, FL**  
Zip  
**33904**  
Country  
**USA**

City & State  
**Cape Coral, FL**  
Zip  
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**USA**

4. FEI Number  
**38-3652816**  
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**

**CATE, JEREMY J  
13251 CORBEL CIRCLE  
APT #1533  
FORT MYERS FL 33907**

**7. Name and Address of New Registered Agent**

Name  
**Cate, Jeremy J**  
Street Address (P.O. Box Number is Not Acceptable)  
**4337 SW 6th Ave**  
City  
**Cape Coral** **FL** Zip Code  
**33914**

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST CATE, JEREMY J 13251 CORBEL CIRCLE #1533 FORT MYERS FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CATE, JEREMY J 13251 CORBEL CIRCLE #1533 FORT MYERS FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Cate, Jeremy J. 4337 SW 6th Ave Cape Coral FL 33914</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cate, Jeremy J. 4337 S.W. 6th Ave Cape Coral, FL 33914</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03** **239.540.1499**  
Date Daytime Phone #

CR2E034 (10/02)