

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000001454**

1. Entity Name

JACK OF MANY TRADES, INC.**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90040 045 ***150.00

Principal Place of Business

**5 HIGH POINT CIRCLE W. #103
NAPLES FL 34103-4254**

Mailing Address

**5 HIGH POINT CIRCLE W. #103
NAPLES FL 34103-4254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0549943**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MC GEE, ELEANOR C
5 HIGHPOINT CIR W #103
NAPLES FL 34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MC GEE, ELEANOR C	
STREET ADDRESS	5 HIGHPOINT CIR W #103	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEE, ELEANOR C	
STREET ADDRESS	5 HIGHPOINT CIR W #103	
CITY-ST-ZIP	NAPLES, FL 34103	

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MC GEE, JACK W	
STREET ADDRESS	5 HIGHPOINT CIR W #103	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JELLISON, LORA J.	
STREET ADDRESS	1331 JERONIMO DRIVE UNIT W	
CITY-ST-ZIP	NAPLES, FL 34103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEE, BARRY J.	
STREET ADDRESS	807 RIVERPOINT DRIVE #201D	
CITY-ST-ZIP	NAPLES, FL 34102	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor C Mc Gee, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/28/01
Date941-435-0804
Daytime Phone #

CR2E034 (10/00)