

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010280

1. Entity Name

J. J. DISTRIBUTOR OF SOUTHWEST FLORIDA, INC.

**FILED**  
Aug 04, 2002 8:00 am  
Secretary of State

08-04-2002 90156 017 \*\*\*150.00

01289/4 AI

Principal Place of Business  
839 PANGOLA DR  
NORTH FT MYERS FL 33903

Mailing Address  
839 PANGOLA DR  
NORTH FT MYERS FL 33903

00100004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3294280

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANTZ, JEANNE G  
839 PANGOLA DR  
NORTH FT MYERS FL 33903

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FRANTZ, JEANNE G  
839 PANGOLA DR  
NORTH FT MYERS FL 33903

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FRANTZ, JEFFERY L  
541 MONTEREY ST.  
NORTH FT MYERS, FL 33903

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FRANTZ

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02 239 997 9834

Date

Daytime Phone #

CR2E034 (4/02)

Attachments

#PS0001028

I HAVE JUST RECEIVED THIS REPORT AFTER THE  
DUE DATE.

JEFF FRANTZ

239-997-9834