

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90057 006 ***550.00

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DOCUMENT # P96000009631

1. Entity Name
ROBERT E. JEWETT & ASSOCIATES CONSULTING ENGINEERS, P.E., P.A.



Principal Place of Business
**12832 IONA ROAD
FT MYERS FL 33908**

Mailing Address
**12832 IONA ROAD
FT MYERS FL 33908**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0643295**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEWETT, ROBERT E
12832 IONA ROAD
FT MYERS FL 33908**

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 *Robert E. Jewett* **ROBERT E. JEWETT** DATE **7/16/2003**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JEWETT, ROBERT E	
STREET ADDRESS	12832 IONA ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JEWETT, DEANA	
STREET ADDRESS	12832 IONA ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Robert E. Jewett* **ROBERT E. JEWETT** DATE **7/16/2003** **1-239-966-0880**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/03)