

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90091 021 \*\*\*150.00

**DOCUMENT # P97000047683**

1. Entity Name  
**JAMES R. STAPLETON, P.A.**



Principal Place of Business  
**72 RAINBOW LANE  
NORTH FT MYERS FL 33903**

Mailing Address  
**1318 LAFAYETTE ST.  
CAPE CORAL FL 33904**

2. Principal Place of Business  
**3373 RAINBOW LANE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NORTH FT MYERS**

City & State

4. FEI Number **65-0756949**

Applied For  
Not Applicable

Zip  
**33903**

Country  
**US**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**STAPLETON, JAMES R  
72 RAINBOW LANE  
NORTH FT MYERS FL 33903**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PSTD** ☐ Delete  
NAME **STAPLETON, JAMES R**  
STREET ADDRESS **72 RAINBOW LANE**  
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **STAPLETON, JAMES R**  
STREET ADDRESS **3373 RAINBOW LANE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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: JAMES R. STAPLETON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-03**

**239-656-4928**

CR2E034 (10/02)

Attachment 80054480  
#P97000047683

LEE COUNTY  
DIVISION OF PUBLIC SAFETY  
E-911 ADDRESSING OFFICE  
14752 Ben C. Pratt Six Mile Cypress Parkway  
Fort Myers, Florida 33912  
239-335-1630

MARCH 07, 2003

STAPLETON JAMES R + NORMA D  
72 RAINBOW LN  
NORTH FORT MYERS, FL 33903

STRAP Number: 27-43-24-02-00012.0230

Dear Resident:

This office assigns and coordinates addresses for unincorporated property within Lee County in support of efficient delivery of emergency services. Accurate information is critical to accomplishing this mission.

This office has been advised that the property you own at 72 Rainbow Lane is improperly addressed. It has been determined that a change of address is necessary to avoid possible delay in Public Safety emergency response.

Your new address is 3373 Rainbow Lane, North Ft. Myers, FL 33903

To minimize any inconvenience this change may cause I will notify the North Ft Myers Fire District, Emergency Medical Services and Postal Service. I will also change the site address in the Property Appraiser's file.

You will need to contact the Lee County Property Appraiser's Office @ 339-6150 to change your mailing address of record and verify your homestead exemption information. You will also want to inform all of your correspondents and mention it to your postal carrier (as a reminder).

If you (or any other occupant at the above address) present this letter at the driver's license office, the fee for a corrected license will be waived.

Please contact this office if I can be of further assistance.



Judy Nelson,

E-911 Technician