

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063611

1. Entity Name

SINCLAIR & ASSOCIATES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90025 043 \*\*\*150.00

Principal Place of Business

~~1755-23 RED CEDAR DRIVE~~  
~~FORT MYERS FL 33907~~  
~~US~~

Mailing Address

~~1755-23 RED CEDAR DRIVE~~  
~~SUITE 203~~  
~~FORT MYERS FL 33907~~  
~~US~~

2. Principal Place of Business

8301 Grand Palm Dr  
Suite, Apt. #, etc.  
1

3. Mailing Address

~~[REDACTED]~~  
8301-1 Grand Palm Drive  
City & State Fort Myers FL 33912  
(941) 481-4811



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL  
Zip 33912 Country U.S.

City & State

Fort Myers FL 33912  
(941) 481-4811

4. FEI Number 65-0769012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINCLAIR, J. DANIEL  
1755-23 RED CEDAR DRIVE  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8301-1 Grand Palm Drive

City

Fort Myers

FL

Zip Code

33912

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

Don Sinclair, President

1/31/2001

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

TITLE DPTS  
NAME SINCLAIR, J. DANIEL  
STREET ADDRESS 1755 23 RED CEDAR DRIVE  
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Sinclair, President 1/31/2001 (941) 481-4811

CR2E034 (10/00)