

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90026 024 \*\*\*150.00

**DOCUMENT # P97000065226**

1. Entity Name  
**J.S.U.B., INC.**

Principal Place of Business

**1820 COLONIAL BLVD  
STE 101  
FORT MYERS FL 33907  
US**

Mailing Address

**1820 COLONIAL BLVD  
STE 101  
FT. MYERS FL 33907  
US**

2. Principal Place of Business

**2503 Del Prado Blvd**

3. Mailing Address

**2503 Del Prado Blvd.**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**USA**

Zip

**33904**

Country

**USA**

4. FEI-Number. **65-0775278**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SUBLETT, JAMES  
1820 COLONIAL BLVD  
SUITE 101  
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **Sublett, James**

Street Address (P.O. Box Number is Not Acceptable)  
**2503 Del Prado Blvd.**

**Suite 300**

City **Cape Coral**

**FL**

Zip Code

**33904**

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

**1/17/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SUBLETT, JAMES 1820 COLONIAL BLVD., SUITE 101 FORT MYERS FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2503 DEL PRADO BLVD #301 CAPE CORAL FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**1-17-01 941 458 8000**

CR2E034 (10/00)