

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


FILED
May 09, 2003 8:00 am
Secretary of State

4/22/

04-22-2003 90045 008 ***150.00

DOCUMENT # 799000001922

1. Entity Name
JP Production of Lee County, INC



DO NOT WRITE IN THIS SPACE

55039138

2. Principal Place of Business
1527 Hendry St.

3. Mailing Address
P.O. Box 9363

Suite, Apt. #, etc.

City & State
FL Myers, FL

City & State
FL Myers, FL

Zip
33901

Country
USA

Zip
33902

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0887652

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

7. Name and Address of Current Registered Agent

Name
Jones, Ken

Street Address (P.O. Box Numbers Not Acceptable)
2320 First St.

Suite
Suite 1000

City
FL Myers

FL 33901

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Schmid, Peter</u> <u>P.O. Box 9363</u> <u>FL Myers, FL 33902</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 reports 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 appointed to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like disclosures.

SIGNATURE: _____ DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)