

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State
 08-23-2000 90001 007 ***550.00

DOCUMENT # P99000015871

1. Entity Name

N & JPG REAL ESTATE, INC.

Principal Place of Business

1011 SOUTH TAMiami TRAIL
 NOKOMIS FL 34275

Mailing Address

1011 SOUTH TAMiami TRAIL
 NOKOMIS FL 34275

2. Principal Place of Business

VENICE FL 34293

3. Mailing Address

296 BECKER RD

Suite, Apt. #, etc.

296 BECKER RD

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE, FL

4. FEI Number

65-0897400

Applied For

Not Applicable

Zip

Country

34293

USA

Zip

Country

34293

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

N/A

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, S G	
STREET ADDRESS	1011 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. GOULET	
STREET ADDRESS	296 BECKER RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	V-PRES, S.T. DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY W. GOULET	
STREET ADDRESS	296 BECKER RD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOHN P. GOULET, PRESIDENT

8-20-00

Date

FAX: 1-941-497-

0585

Daytime Phone #

CR2E034 (5/00)