

# 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



DO NOT WRITE IN THIS SPACE

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  
**34293**

Country  
**USA**

Zip  
**34293**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD WEEKS, S G</b> 1011 SOUTH TAMiami TRAIL NOKOMIS FL 34275	<input checked="" 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	<b>PRESIDENT, DIRECTOR</b> <b>JOHN P. GOULET</b> 296 BECKER RD VENICE FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRES, S.T. DIRECTOR</b> <b>NANCY W. GOULET</b> 296 BECKER RD VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" 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: JOHN P. GOULET, PRESIDENT Date: 8-20-00 Daytime Phone #: FAX: 1-941-497-0585

CR2E034 (5/00)