

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-04-2000 90170 016 ***150.00

DOCUMENT # P99000025723

1. Entity Name

JACQUES LEMANS, INC.

Principal Place of Business

Mailing Address

~~1505 SOUTHEAST 40TH STREET~~
~~SUITE C~~
~~CAPE CORAL FL 33904~~

~~1505 SOUTHEAST 40TH STREET~~
~~SUITE G~~
~~CAPE CORAL FL 33904-7013~~

2. Principal Place of Business

28000 SPANISH WELLS BLVD

3. Mailing Address

P.O. BOX 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0905683

Applied For

Not Applicable

Zip

34135

Country

Zip

34133

Country

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 **JAMES W. AMBURN**
 Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD.
 City **BONITA SPRINGS** FL Zip Code **34135**

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 *James W. Amburn*

JAMES W AMBURN

5/22/00

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 \$150.00
After MAY 1, 2000 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	Delete
	LA ROCCO, ROBERT J	1505 SOUTHEAST 40TH STREET	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	JEFFREY G. SCHULER	28000 SPANISH WELLS BLVD.	BONITA SPRINGS, FL 34135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DVTS NORBERT WALCHHOFFER	28000 SPANISH WELLS BLVD.	BONITA SPRINGS, FL 34135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 and all other like empowerments.

SIGNATURE:

James W. Amburn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-00

Date

941-992-3355

Daytime Phone #