

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90013 010 ***150.00

DOCUMENT # P99000087859

1. Entity Name

J.A. Everett & Co., Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2063 SW Pitts Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

4. FEI Number

62-1288587

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John A. Everett

Street Address (P.O. Box Number is Not Acceptable)

2063 SW Pitts Terrace

City

STUART

FL

Zip Code

34997

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	John A. Everett	2063 SW Pitts Terrace	STUART FL 34997				

**DO NOT WRITE
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

J.A. Everett J.A. Everett

4/19/04

772-286-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



Attachments - P99000087859 54038622

Division of Corporations

Annual Report

Page 1

Document Number

P99000087859

Business Entity Name

J.A. EVERETT & CO., INC.

FEI Number

621288587

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

2063 SW PITTS TERRACE

Suite, Apt. #, etc.

City, State

STUART

FL

Zip Code & Country

34997

Mailing Address

Address

2063 SW PITTS TERRACE

Suite, Apt. #, etc.

City, State

STUART

FL

Zip Code & Country

34997

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

EVERETT

JOHN

A

-or- RA Business Name

Address

2063 SW PITTS TERRACE

Suite, Apt. #, etc.

City, State

STUART

FL

Zip Code & Country

34997

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment - P99000087859



Division of Corporations

54038622

Annual Report

Page 2

Document Number

P99000087859

Business Entity Name

J.A. EVERETT & CO., INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ● No

Officer/Director Name And Address

Title	P		
Name (Last, First, Middle, Title)	EVERETT	JOHN	A
-or- Entity Name			
Street Address	2063 SW PITTS TERRACE		
City, State	STUART	FL	
Zip Code & Country	34997		

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			

Attachments P99000087859

54038622

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

[Sunbiz Home Page](#)[Public Access Help](#)