

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90074 044 ***150.00

DOCUMENT # S57803

1. Entity Name
J A K E DEVELOPER, INC.



Principal Place of Business
**6635 HICKORYWOOD LN
NEW PORT RICHEY FL 34653**

Mailing Address
**6635 HICKORYWOOD LN
NEW PORT RICHEY FL 34653**



2. Principal Place of Business
11838 Tee Time Circle
Suite, Apt. #, etc.

3. Mailing Address
11838 Tee Time Circle
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey, FL
Zip
34654

City & State
New Port Richey, FL
Zip
34654

4. FEI Number
59-3073346

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TURCO, JACQUELINE A.
6635 HICKORYWOOD LN
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

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

11838 Tee Time Circle

New Port Richey, FL

City

FL

Zip Code

34654

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

Jacqueline A. Turco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **TURCO, JACQUELINE A**
STREET ADDRESS **6635 HICKORYWOOD LN**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Delete
NAME **TURCO, EVE A**
STREET ADDRESS **12202 QUAIL RUN ROW**
CITY-ST-ZIP **BAYONET POINT-FL**

TITLE **D** ☐ Delete
NAME **TURCO, KEITH U**
STREET ADDRESS **17303 PONCE DE LEON BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
NAME **DUHAIME, ANGELIC C**
STREET ADDRESS **8035 LAUREL VISTALOOP**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11838 Tee Time Circle**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline A. Turco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/03

Daytime Phone #

727-845-3199

CR2E034 (10/02)