## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

301484 **DOCUMENT #** 



**FILED** Feb 21, 2003 8:00 am & Secretary of State

SAN CARLOS LODGE INC					02-21-2003 90138 047 ***150.00			
Principal Place of Business 790 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931		Mailing Address 21266 SAIL BAY DRIVE % JAMES D. HALL CASSOPOLIS MI 49031						
2. Principal Place of Bu	usiness	3. Mailing Addre	ess	·	-{ E IDANES ENHI ORIĐU NICER DIOĐU HENNI GUAN BRONI DIONE CIETY DIONE \$1011 DIONE (1001) DIONE (1001)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-1160781	··	<u> </u>	oplied For
Zip	Country	Zip	Coui	ntry	5. Certificate of Status Desired		8.75 Add	ditional
6. Na	me and Address of Curren	nt Registered Agent			7. Name and Address of New		•	<del>-</del>
TITLIA (170010)				Name			,	<u> </u>
TITUS, JESSICA L				Character Land	· (DO Do 1)			
6035 ESTERO BLVD				Street Addres	s (P.O. Box Number is Not Acceptabl	e)		
FORT MYERS BEA	CH FL 3393 🞼							
•				City FL Zip Code				
8. The above named er	ntity submits this statement t	for the purpose of cha	nging its register	ed office or regis	tered agent, or both, in the State of Fl	orida. I am far	L niliar with.	and accept
the obigations of reg	jistered agent.							
SIGNATURE	- \$							
Signature, typ	ped or printed name of registered agen	nt and title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when reinstating)	DATE	···	
FILE NOV	V!!! FEE IS \$150.00					1		
	2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
	to Florida Department o	F .			Host Fand Contribute	ın. $\Box$	Added	to Fees
TITLE SD	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11
NAME SD HALL, J	AMES D	☐ Del		l l			Change	☐ Addition
	AIL BAY DRIVE		NAM	i				
	OLIS MI 49031			EET ADDRESS -ST-ZIP				
TITLE VO								
NAME HALL, JO	OHN R	∐ Del	ete TITLE NAM			L	Change	☐ Addition
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CITY-ST-ZIP WARSAV	V IN 46582			-ST-ZIP				
TITLE PD	والتابق ويستمونها فالماحون	☐ Déli	ete				Change	Addition
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STREET ADDRESS 21266 S.	ail bay drive			II.		_		
CITY-ST-ZIP CASSOP		00,1	STRE	E		_		
CITY-ST-ZIP CASSOP	AIL BAY DRIVE POLIS MI 49031	☐ Dele	STRE CITY-	E ET ADDRESS - ST-ZIP		<u></u>	] Change	☐ Addition
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CITY-ST-ZIP CASSOP  TITLE TD  NAME HALL, M.  STREET ADDRESS 227 EMS	AIL BAY DRIVE OLIS MI 49031 AUREEN		STRE CITY- ete TFILE NAME STREE	E ET ADORESS -ST-ZIP		<u></u>	] Change	☐ Addition

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 of 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

SIGNATURE:

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CITY-ST-ZIP

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

CHIRDED CS D. Hall 15 Feb. 03 269-445-2701

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition