

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90834 001 ****61.25

DOCUMENT # **753965**



1. Entity Name
CAPE CORAL R/SEA HAWKS, INC.

Principal Place of Business Mailing Address
614 PLAZA DEL SOL **614 PLAZA DEL SOL**
N. FORT MYERS FL 33917 **N. FORT MYERS FL 33917**
US **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
107 1ST STREET **107 1ST STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT MYERS, FL **FORT MYERS FL**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

Zip Country Zip Country
33907-2442 **LEE** **33907-2442** **LEE**

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

6. Name and Address of Current Registered Agent
SZCZEPANSKI, ROBERT M
614 PLAZA DEL SOL
N. FORT MYERS FL 33917

7. Name and Address of New Registered Agent
Name
ROSEMARY SOWA
Street Address (P.O. Box Number is Not Acceptable)
107 1ST STREET
FORT MYERS
City **FL** Zip Code
33907-2442

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

FILE NOW: FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, GENE 1439 53RD LANE CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHRAGER, ELDRED 7430 LAKE BREEZE DR #513 FORT MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SZCZRPANSKI, ROBERT M 614 PLAZA DEL SOL N. FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTZ, RANDY 122 SW 7TH PLACE CAPE CORAL FL 33991 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	SD SOWA, ROSEMARY 107 1ST STREET FORT MYERS, FL 33907-2442 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Rosemary Sowa* **SIGNATURE REQUIRED** Date **1-9-03** Davtime Phone # **239-9362014**

CR2E037 (10/02)