

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J12608

FILED
Aug 15, 2002
Secretary of State

Entity Name: PORT ROYAL PROPERTIES GROUP, INC.

Current Principal Place of Business:

P O BOX 930
NAPLES, FL 341060930 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 930
NAPLES, FL 341060930 US

New Mailing Address:

FEI Number: 59-2669809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, THOMAS R.
720 5TH AVE. S
STE 200
NAPLES, FL 34102

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WASMER, MARTIN M.,
Address: 600 FIFTH AVE. SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: GRADY, THOMAS R.,
Address: 720 5TH AVE S, STE 200
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. GRADY

MR.

08/15/2002

Electronic Signature of Signing Officer or Director

Date