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

DOCUMENT # N01000001130

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITI E

NAME

RADIO SQUARE COMMERCIAL CONDMINIUM ASSOCIATION.



Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90149 046 ****61.25

FILED

INC. Principal Place of Business Mailing Address 4000 BAYSHORE DR. STE A 4000 BAYSHORE DR. STE A NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 52-2314785 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VETTER, RICHARD 4000 BAYSHORE DR, STE A NAPLES FL 34112 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. SÍGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DIRECTOR Delete TITLE Change : ☐ Addition TITI F VETTER, RICHARD NAME NAME STE 102 4000 BAYSHORE DR. STE A STREET ADDRESS STREET ADDRESS NADUES CITY-ST-ZIP NAPLES FL 34112 CiTY-ST-ZIP Wir exter 🔀 Change TITLE ☐ Delete TITLE Addition SHOUP, PETER NAME NAME Dala Herbal 4000 BAYSHORE DR, STE A STREET ADDRESS STREET ADDRESS سنتمى هاود CITY-ST-7IP CITY-ST-7IP NAPLES FL 34112 Zorn Director -TITLE ~ TITLE Delete -KILLEN, THOMAS NAME NAME 3940 Radio Rd \$711 STREET ADDRESS 4000 BAYSHORE DR. STE A STREET ADDRESS Naples FL 34104 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34112 TITLE Change ☐ Delete ■ Addition NAME NAME GARY Thompson

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.

STREET ADDRESS CITY-ST-71P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Defete

Change

Change

☐ Addition

☐ Addition