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

Mailing Address

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14840 CRYSTAL COVE CT

FORT MYERS FL 33919

Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

## **DOCUMENT # N31105**

Country

1. Entity Name

#503

U\$

Principal Place of Business

2. Principal Place of Business

14840 CRYSTAL COVE CT

FORT MYERS FL 33919

Suite, Apt. #, etc.

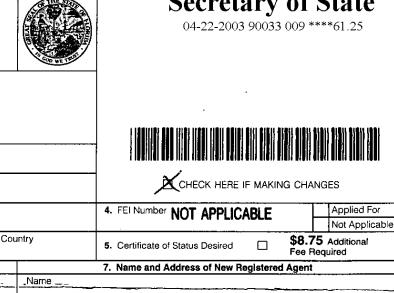
City & State

Zip

C-GULLS OF FORT MYERS, INC.



## FILED Apr 22, 2003 8:00 am Secretary of State



			Fee Required					
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
		Name	_Name					
HARRINGTON, PAT 14840 CRYSTAL COVE CT #503 FORT MYERS FL 33919			Street Address (P.O. Box Number is Not Acceptable)					
			City FL Zip Code					
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.								
the state of the s								
SIGNATURE HATTURE H NO.								
Signature, typed or printed name of registered agent and title papilicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61.25  9. Election Campaign F				\$5.00 May Be	Make Che	ck Payable	to	
Trust Fund Contribution				Added to Fees	Florida Depa			
·					•			
	OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						10	
TITLE SD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME HARRINGTON, PAUL		NAME					Į,	
STREET ADDRESS 14840 CRYSTAL COVE CT #503		STREET ADDRESS	;	•				
CITY_ST-ZIP FORT MYERS FL 33919		CITY-ST-ZIP						
TITLE TD	☐ Delete	TITLE	1		•	Change	Addition	
NAME HARRINGTON, PAT		NAME					}	
STREET ADDRESS 14840 CRYSTAL COVE CT		STREET ADDRESS						
CITY-ST-ZIP FORT MYERS FL 33919		CITY-ST-ZIP						
TITLE PD	Delete	TITLE	QT			Change	Addition .	
NAME MAKI, ROBERT		NAME	aux	TON, DERE	K			
STREET ADDRESS 4056 AVENIDA DELTURA	1	STREET ADDRESS	46	50 Jeffers	K on Davis Blud	W		
CITY-ST-ZIP FORT MYERS FL 33919		CITY-ST-ZIP	E	skro, FL	33928		1	
TITLE VD	Delete	TITLE	+	<del>`</del>		Change	Addition	
NAME MCDOWELL, RON	Delete	NAME	147	Roger Holi	MEG	Change	Addition	
STREET ADDRESS 7440 TWIN EAGLE LN		STREET ADDRESS	148	561 >umm	erlin Rd #233	•		
CITY-ST-ZIP FORT MYERS FL 33903		CITY-ST-ZIP	For	†Myers, F	L 33908		J	
TITLE	☐ Delete	TITLE				☐ Change	Addition	
NAME	□ Delete	NAME				☐ Change		
STREET ADDRESS		STREET ADDRESS					[	
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE				Change	Addition	
NAME		NAME				iii oranga	Addition	
STREET ADDRESS .		STREET ADDRESS					{	
CITY-ST-ZIP		CITY-ST-ZiP						
12. I hereby certify that the information supplied with this filing	does not qualify for t	<u> </u>	ated in Sec	tion 119 07(3)(i) Flo	orida Statutes I further c	ertify that the in	formation	

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. TPAT HARRINGTON,

SIGNATURE:

239-437-4106