2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90119 040 ***150.00

DOCUMENT # P00000060518

1. Entity Name
ELPETHA REALTY OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
745 12TH AVE S. STE J NAPLES FL 34102	745 12TH AVE S. STE J NAPLES FL 34102

200049012

2. Principal Place of Business	3. Mailing Address
2681 Airport Road South	2681 Airport Rs So.
Suite, Apt #, etc. C-101	Suite, Apt #, etc. C-101
City & State Naples, FL	City & State Naples, FL
Zip 34112 — Country Collier	Zip 34112 — Country Collier

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3668238 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOANIDES, JOHN C
745 12TH AVE S. STE D
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name John C. Joanides
Street Address (P.O. Box Number is Not Acceptable) 2681 Airport Rd S
Naples, fL 34112
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.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANIDES, JOHN C 745 12TH AVE S. STE D NAPLES FL 34102	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOANIDES, CATHERINE A 745 12TH AVE S. STE D NAPLES FL 34102	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 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.

SIGNATURE: SIGNATURE REQUIRED — 1/7/03 — 239 262 5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #