

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

07-24-2003 90111 037 ***550.00

DOCUMENT # P02000052969

1. Entity Name

ADVANCED REALTY SERVICES OF SOUTHWEST FLORIDA, NC.



Principal Place of Business
**1790 MAYWOOD COURT
MARCO ISLAND FL 34145**

Mailing Address
**1790 MAYWOOD COURT
MARCO ISLAND FL 34145**

55053420



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-36777391161512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH SUITE 300
NAPLES FL 34103**

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. **DPS OFFICERS AND DIRECTORS**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ROGER D WITHERS
1790 MAYWOOD CT
MARCO ISLAND, FL 34145**

☐ Delete

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CITY - ST - ZIP

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☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03

Date

239 642-1492

Daytime Phone

CR2E034 (4/03)