

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90062 034 ***150.00

DOCUMENT # *P02000061660*

1. Entity Name

CAPE COMMONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1137 GOLDEN OLIVE CT.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

SANIBEL ISLAND FL.

City & State

↓

Zip

33957

Country

U.S.A

Zip

↓

Country

↓

4. FEI Number

03-0454747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SCHATT, DARRIN R. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1105 CAPE CORAL PARKWAY EAST

City

CAPE CORAL

FL

Zip Code

33904

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*PRESIDENT & SECRETARY
THOMAS R. NISWONGER
1137 GOLDEN OLIVE CT.
SANIBEL ISLAND FL. 33957*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R. Niswonger* *THOMAS R. NISWONGER* *4-20-04* *239-395-9296*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)