

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90236 050 ***150.00

DOCUMENT # P98000086882



1. Entity Name
FT. MYERS MANAGEMENT, INC.

Principal Place of Business
**C/O HINMAN STRAUB, P.C.
121 STATE STREET
ALBANY NY 12207**

Mailing Address
**C/O HINMAN STRAUB, P.C.
121 STATE STREET
ALBANY NY 12207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923831**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TRUXTON, BOLANOS P.A.
12800 UNIVERSITY DRIVE
SUITE 340
FORT MYERS FL 33907**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RILEY, PATRICK J	
STREET ADDRESS	121 STATE STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RILEY, CHRISTINE C	
STREET ADDRESS	121 STATE STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALDRICH, JOHN R	
STREET ADDRESS	121 STATE STREET	
CITY-ST-ZIP	ALBANY NY 12207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John R Aldrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/03 518-436-0751

CR2E034 (10/02)