

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

04-28-2003 91497 018 ***158.75

DOCUMENT # 491784

1. Entity Name
FLORDECO REALTY, INC.



Principal Place of Business
3591 FOWLER STREET
P.O. BOX 6966
FORT MYERS FL 33911

Mailing Address
3591 FOWLER STREET
P.O. BOX 6966
FORT MYERS FL 33911

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 **59-1984345**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

GOLDBERG, HARVEY B.
2201 MAIN ST.
FT. MYERS FL

Name **THOMAS R. CRONIN SR.**

Street Address (P.O. Box Number is Not Acceptable)
3591 FOWLER ST.

City **FT MYERS** FL Zip Code **33701**

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 *Thomas R. Cronin Sr.*

(NOTE: Registered Agent signature required when reappointing)

DATE

5/27/03

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 **CO** ☐ Delete
NAME **CRONIN, THOMAS R.**
STREET ADDRESS **3591 FOWLER ST.**
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **FOX, ALLAN E.**
STREET ADDRESS **3591 FOWLER ST.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Thomas R. Cronin Sr.
THOMAS R. CRONIN SR.

Date

Daytime Phone #

4/23/03 239-934-8888

CR2E034 (10/02)