2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

501285 **DOCUMENT #**

1. Entity Name

PARKWOODS REALTY AND DEVELOPMENT CO.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90161 027 ***150.00

Principal Place of Business 1430 ROYAL PALM SQUARE BLVD SUITE 101 FT MYERS FL 33919			Mailing Address 1430 Royal Palm Square BLVD Suite 101 FT Myers FL 33919					i iddiği bişir boldı irolo ildəli	LIĞU GELL BIĞAL GU	Ali 81811 B(81) A	11/ 1/11/ /31/	
US			US									
2. Principal Place of Business			3. Mailing Address					1 182301 BISS BEIÐI 13050 11881 11	IIII KIII OITII DI	DAT BRAFIL BADAL DE	O) OVER PEOP	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.		FEI Number 59-1678348	3		plied For t Applicable	
Zip	Country		Zip		Country		5.	Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registere	ed Agent			7.	Name and Address of New		Agent		
				The state of the s		Name-	,	ب جب سے مصنف	€*F = **			
Malt, David G. 1430 Royal Palm Square BLVD					Ì	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 101		do/iiie ocio			-		****					
_										<u> </u>		
FT. MYERS FL 33919						City FL Zip Code						
	named entity		the purp	ose of changing its re	gistered	d office or	registered a	gent, or both, in the State of F	lorida. I am f	familiar with,	and accept	
and daily-mand of regions of wyorm												
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE: R	egistered .	Agent signatu	re required when	reinstating)	DATE			
		!! FEE IS \$150.00 03 Fee will be \$550.00						9. Election Campaign F Trust Fund Contributi			0 May Be	
Make Check	k Payable to	Florida Department of	State					indat i una commodi	ori	- Audeo	10 1 063	
10.		OFFICERS AND [DIRECTO	RS	11.		А	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	SD	4D 0		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	MALT, DAV	VID G. AL PALM SQUARE BLVI) #101		NAME	ADDRESS						
CITY-ST-ZIP	FT MYERS), # 101	15737	CITY-S							
TITLE	π			☐ Delete	TITLE		**			☐ Change	Addition	
NAME	MALT, ROI				NAME	i					ļ	
STREET ADDRESS		AL PALM SQUARE BLVI), #101			ADDRESS						
CITY-ST-ZIP		RS FL 33919			CITY-S	31-219						
TITLE	ASD	NOUADD TO THE T	-	☐ Delete	TITLE		·-•	uma u a 712	-	Change	Addition	
NAME STREET ADDRESS	MALT, C F	(ICHARD AL PALM SQUARE BLVI) #101		NAME STREET	ADDRESS						
CITY-ST-ZiP		RS FL 33919	, # IUI		CITY-S							
TITLE	VD			☐ Delete	TITLE			·····		☐ Change	☐ Addition	
	MALT, MIL				NAME							
		al Palm square blvi), #101		L	ADDRESS						
CITY-ST-ZIP	FT MYERS	FL 33919			CITY-S	ST-ZIP	·		7711			

12. Lhereby 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

\$1300 TO \$30 PG PARTER

☐ Defete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition