

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90381 027 \*\*\*150.00

**DOCUMENT # 589992**

1. Entity Name

**PUNTA GORDA PROPERTIES, INC.**

Principal Place of Business

**P.O. BOX 3179**

**PORT CHARLOTTE FL 33949**

Mailing Address

**P.O. BOX 3179**

**PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

**3005 CARING WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE A**

City & State

City & State

**PORT CHARLOTTE, FL.**

Zip

Country

Zip

Country

**33952**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, JAMES E III**

**1625 W MARION AVE**

**STE 2**

**PUNTA GORDA FL 33950**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

1. Tax filing requirement and elects to do so.

2. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAELTERMAN, JACQUES 7 ZAVELLOSBAAN ASSE, BELGIUM</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAELTERMAN, PAUL 7 ZAVELLOSBAAN ASSE, BELGIUM</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HAELTERMAN, MICHAEL 7 ZAVELLOSBAAN ASSE, BELGIUM</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. LORICCO, CARLO J 3005 CARING WAY PORT CHARLOTTE, FL. 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

**4/30/02 941-629-1197**

Date

Daytime Phone #

CR2E034 (9/01)