2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90860 026 ***158.75

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DOCU 1. Entity Nam PENSION	ne	# 687373	·								
Principal Place 2045 CLUB HC N. FORT MYES	OUSE RD	Mailing Address 2045 CLUB HOUSE RD N. FORT MYERS FL 33917									
2. Principal F	lace of Busin	3. Mailing Address				1 100/10 0/12/ 10/1/ (2000 1/1/)	14 1611 87877 81817	81611 B1811 I	11211 21211 1221		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2829709		N	pplied For ot Applicable	<u>.</u>
Zip Country			Zip Count			try <u>_ ست محر بن سان ـ</u>	5. Certificate of Status Desired	Fé	8.75 Ad e Requir		
	_6Name	egistered Agent				7. Name and Address of New Registered Agent					
SMITH, PA	WL T.					Name Street Address (P.O. Box Number is Not Acceptable				$\frac{1}{2}$
-	B HOUSE F DRT MYERS				- Street Address (F.O. Box Number is Not Acceptable	,	· ·		$\frac{1}{2}$	
NORIBE	JRI MIEN	, FC 30311				City	·	FL.	Zip Cod	de et	\dashv
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 Signalure, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Fin			DO May Be	7
Afte Make Check	r May 1, 200 k Payable to	3 Fee will be \$550,00 Florida Department of	State				Trust Fund Contribution	n. 🗀	Adde	d to Fees].
10.		OFFICERS AND D	DIRECTOR	Š	11.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	RS IN 11]_
TITLE	PS SMITH, PA	ur T		☐ Delete	TITLE	1] Change	☐ Addition	10/02
NAME STREET ADDRESS GITY-ST-ZIP	2045 CLUI	B HOUSE RD ORT MYERS FL 33917		.,	STRE	ET ADORESS -ST-ZIP					CR2E034 (10/02)
TITLE	VPT			. Delete	TITLE	:			Change	☐ Addition	− 85
NAME STREET ADDRESS		B HOUSE RD	٠.			ET ADDRESS					
CITY-ST-ZiP	NORTH FO	ORT MYERS FL 33917			CITY	-ST-ZIP					4
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NAME	i				NAME	- F					.
STREET ADDRESS CITY-ST-ZIP				**	CITY-	ET ADDRESS -ST-ZIP					
12. I hereby certify that the information supplied with this filting 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 reportlys 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 people 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: SIGNATURE:											