

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91574 008 ****61.25

DOCUMENT # 768932

1. Entity Name

PORT CARLOS COVE, INCORPORATED

Principal Place of Business

Mailing Address

1802 MAIN STREET
 FORT MYERS BEACH FL 33931

1802 MAIN STREET
 FORT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2234528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRIS
1833 HENDRY ST.
FORT MYERS FL 33901

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
 NAME **SWARTZ, WALLY**
 STREET ADDRESS **132 CORTEZ WAY**
 CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

TITLE **PD** ☒ Change ☒ Addition
 NAME **Swartz, Wally**
 STREET ADDRESS **132 Cortez Way**
 CITY-ST-ZIP **Ft Myers Bch, FL 33931**

TITLE **TD** ☐ Delete
 NAME **GRAVELLE, ROGER**
 STREET ADDRESS **3 GALLEON WAY**
 CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

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

TITLE **SD** ☒ Delete
 NAME **ANDERSON, CHARLES**
 STREET ADDRESS **84 BLACKBEARD WAY**
 CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **VPD** ☒ Change ☒ Addition
 NAME **Linger, Karin**
 STREET ADDRESS **20 Doubloon Way**
 CITY-ST-ZIP **Ft Myers Bch, FL 33931**

TITLE **PD** ☒ Delete
 NAME **SELLERS, PEGGY J**
 STREET ADDRESS **89 BLACKBEARD WAY**
 CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Miller, Virginia**
 STREET ADDRESS **28 Doubloon Way**
 CITY-ST-ZIP **Ft Myers Bch, FL 33931**

TITLE **ATSD** ☐ Delete
 NAME **TRIPLEHORN, BEVERLY**
 STREET ADDRESS **144 BARBADOS WAY**
 CITY-ST-ZIP **FT. MYERS BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 617, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 941-463-5457
 Date Daytime Phone #

CR2E037 (9/01)