## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H46235** Aug 25, 2000 8:00 am Secretary of State 1. Entity Name FORT MYERS CONVERTIBLES, INC. 08-25-2000 90007 018 \*\*\*550.00 Mailing Address Principal Place of Business 14910 N. CLEVELAND AVENUE 14910 N. CLEVELAND AVENUE NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2536062 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANITSTEIN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 14910 N. CLEVELAND AVE FT. MYERS BEACH FL 33903 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . Make Check Payable to Department of State (See criteria on back) **以此及的证据,不是是特殊的 中型的表示是不够的是** 「12大学学生 AND DIRECTORS TO SECTION OF THE SECTION O P. - P. - P. P. SERVER PROPERTY OF PROPERTY AND PROPERTY Delete GRANITSTEIN, JEFFREY NAME 18547 DEEP PASSAGE LN SW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*= CITY-ST-ZIP," TITLE -NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SICALERE SIGNATURE AND TYPED OF PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

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