

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90006 014 ***150.00

DOCUMENT # H65971

1. Entity Name
PORT OF THE ISLANDS REALTY, INC.

Principal Place of Business

**205 SUNRISE CAY. #105
 NAPLES FL 34114
 US**

Mailing Address

**205 SUNRISE CAY. #105
 NAPLES FL 34114
 US**

2. Principal Place of Business

**344 Newport Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 552
 Suite, Apt. #, etc.**

City & State

Naples FL

City & State

NAPLES FL

Zip

34114

Country

United States

Zip

34106

Country

US

4. FEI Number

59-2565607

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARNARD, THOMAS L
 205 SUNRISE CAY. #105
 NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **BARNARD, Thomas L.**

Street Address (P.O. Box Number is Not Acceptable)

211 Pine Valley Cir.

City

Naples

FL

Zip Code

34113

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
 Tax filing requirement and elects to do so.
 (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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **BARNARD, THOMAS L**
 STREET ADDRESS **P.O. BOX 552**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
 NAME **HARDY, ROBERT S**
 STREET ADDRESS **P.O. BOX 552**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)