

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17166

1. Entity Name

FORT MYERS, FL., L.T., INC. #248

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90376 007 ***150.00

Principal Place of Business ATTN: MICHELLE SIMONETTI 6 BRIGHTON ROAD CLIFTON NJ 07015	Mailing Address ATTN: MICHELLE SIMONETTI 6 BRIGHTON ROAD CLIFTON NJ 07012-1647
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-2780362	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNITED STATES CORPORATION CO 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent	
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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, WILLIAM	NAME	
STREET ADDRESS	6 BRIGHTON RD.	STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, NORMAN	NAME	
STREET ADDRESS	6 BRIGHTON RD.	STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, DAVID	NAME	
STREET ADDRESS	6 BRIGHTON RD.	STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TREASURER
STREET ADDRESS		STREET ADDRESS	ADRIENNE URBAN
CITY-ST-ZIP		CITY-ST-ZIP	6 BRIGHTON RD.
			CLIFTON, NJ 07015
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Adrienne Urban* ADRIENNE URBAN 4/15/00 (973) 778-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #