

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47508

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

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90404 019 ***150.00

00053882



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4500 EXECUTIVE DRIVE
STE 300
NAPLES FL 34119
US

Mailing Address
4500 EXECUTIVE DRIVE
STE 300
NAPLES FL 34119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0100853**
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

COLSON, KARIN
4500 EXECUTIVE DRIVE
SUITE 100
NAPLES FL 34119

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

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	BURGESSON, RICHARD	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S.	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLSON, KARIN	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Karin Colson* **Karin Colson** 4/30/01 (941) 597-9064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)