

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90069 005 ****50.00

DOCUMENT # L01000001804

1. Entity Name

REALCO CASA MARINA LIMITED COMPANY

Principal Place of Business

**10001 TAMiami TRAIL NO.. STE 101
 NAPLES FL 34108**

Mailing Address

**10001 TAMiami TRAIL NO.. STE 101
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

372 Lenell Rd

Suite, Apt. #, etc.

372 Lenell Rd

City & State

Ft Myers Beach, FL

City & State

Ft Myers Beach, FL

Zip

33931

Country

Lee

Zip

33931

Country

Lee

4. FEI Number

59-370 4828

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARCE, LAWRENCE L
 10001 TAMiami TRAIL NO, STE 101
 NAPLES FL 34108**

Name

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

372 Lenell Rd

City

Ft. Myers Beach

FL

Zip Code

33931

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MBR
 Lawrence L Pearce
 372 Lenell Rd
 Ft Myers Beach, FL 33931**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lawrence L Pearce **4-5-02** **239 463 8783**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)