

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

FILED  
SECRETARY OF STATE  
CORPORATIONS  
02 MAR 22 PM 4:00

DOCUMENT # 420347  
1. Entity Name  
Cape Uiscaya, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5521 8<sup>th</sup> St SW  
Suite, Apt. #, etc.

3. Mailing Address  
5521 8<sup>th</sup> St SW  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Lehigh Acres, Fla

City & State  
Lehigh Acres

4. FEI Number  
650149542

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip 33970 Country Lee Zip 33970 Country Lee

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
James R. Heckler

Street Address (P.O. Box Number is Not Acceptable)  
1229 SW 53<sup>rd</sup> Ter

City Cape Coral FL Zip Code 33914

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 James R. Heckler James R. Heckler 3/14/02  
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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President / Director James R. Heckler 1229 SW 53<sup>rd</sup> Ter Cape Coral, Fla 33914</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900005282579--2 -04/16/02--01038--026 *****61.25 *****61.25</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Heckler James R. Heckler 3/14/02 941-549-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9553