

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90226 025 ***150.00

DOCUMENT # L24937

1. Entity Name
P & H REAL PROPERTIES, INC.

Principal Place of Business
3591 MCCOMB LANE
BONITA SPRINGS FL 33134
US

Mailing Address
3591 MCCOMB LANE
BONITA SPRINGS FL 34134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0154833

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

PUOPOLO, DAVID
27657 OLD 41 ROAD
BONITA SPRING FL 34135

Name **Bradley R. Smith**

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

27657 OLD 41 ROAD

City **BONITA SPRINGS** **FL** **Zip Code** **34135**

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 *Bradley R. Smith* **1-25-02**
Signature, typed or printed name of registered agent and title is 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **SPENGER, JOSEPH PETER**
STREET ADDRESS **3591 MCCOMB ANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **VSD** ☐ **Delete**
NAME **SPENGER, HANNELORE**
STREET ADDRESS **3591 MCCOMB LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 *Je. Spenger* **REHANNELORE SPENGER** **01-30-02** **941/9929172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)