2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOOS27



FILED
Mar 07, 2003 8:00 am
Secretary of State

1. Entity N.	ame	# INOUSS / B OF BONITA SPR		03-07-2003 90079						
26230 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135 US 26230 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135 BONI			Mailing Address							
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			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES					
				4.	4. FEI Number 59-2341673				Applied For Not Applicable	
Zip		Country	Zip	Country	5.	Certificate of Statu	s Desired		\$8.75 A	dditional
6. Name and Address of Current Registered Agent					7.	Name and Addres	s of New R			
SCHVDI	D. CHTANKE			Name		-		•		
SCHADD, SUZANNE 26326 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135			Street	Address (P.O. E	Box Number is Not	Acceptable	e)	-		
IDUNITA	SPHINGS FL	. 34135 -								· -
				City				FL	Zip Co	ode
8. The above	e named entity	submits this statement fo	r the purpose of changing it	s registered office	or registered ag	ent, or both, in the	State of Flo	rida Lam f	amiliar with	and accept
the obline	ations of registe	ered agent.							arring ma	i, and accept
the obliga			,	1			•		-	
the obliga		nne Schadd, r printed name of registered agent		Wanne d TE: Registered Agent sign.	Chadd lature required when re	Juanur binstating)	w	3 /	/3/02	
SIGNATURE	Signature, typed o	FEE IS \$61.25	9. Election Ca Trust Fund	TE: Registered Agent sign simpaign Financing Contribution.	\$5.0	Jeanur Sinstating)	Mal Florid	DATE ke Check la Depart	Payable ment of	e to State
SIGNATURE	Signature, typed o	r printed name of registered agent a	9. Election Ca Trust Fund	ımpaign Financing	□ \$5.0 Adde	00 May Be	Florid	ke Check la Depart	ment of	State
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SUZANNE SCHADD.

TREASURED 3/2/-3 239941-6708