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

DOCUMENT # N01000002885



FILED Feb 21, 2003 8:00 am Secretary of State

 Entity Nan 	ne : v · v ·			CATVA	A.I.	02-21-2003 90237	044 ****6	1 25	
THE TOW ES, INC.	N OF FORT MYERS BEACH	PUBLIC WORKS SER	IVIC			02 21 2003 9023 /		.1.20	
Principal Plac	ce of Business	Mailing Address			7				
		2523 ESTERO BLVD	-						
		FORT MYERS BEACH FL							
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			1 100/1100 011 011	BA INDIK BUKIN BUKIN BUKIN DUKA	1996 HOUR (BIED) H		
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						1122100	No	ot Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of Sta	atus Desired	\$8.75 Add		
			<u> </u>				Fee Require	ed	
	6. Name and Address of Current	Registered Agent		No.	7. Name and Addr	ess of New Registered	Agent		
				Name					
	SEORGE, MARSHA			Street Address (P.O. Box Number is Not Acceptable)					
	TERO BLVD		ŀ						
FURI MI	PERS BEACH FL								
				City		FI	Zip Cod 339	e 1	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registere	d office or regist	ered agent, or both, in t	he State of Florida. I am			
	tions of registered agent	1/4.	_	Ū				· \	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (DO)	<u> </u>	Agent signature requir		DATE	<u> </u>	<u>-</u> 1	
	Signature, typed or printed name of registared agent	sito title il applicable.	L. negistered	r Agent signature requir	ed witeri remstating)	DAIL			
FILE NUM FEE IS SOLZS							\$5.00 May Be Added to Fees		
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	. •						
		Trust Fund C	Contribution		Added to Fees	Florida Depa	rtment of S	State	
10.	OFFICERS AND DIF	Trust Fund C	Contribution	on.	Added to Fees		rtment of S	State	
10.	OFFICERS AND DIF	Trust Fund C	11.	on.	Added to Fees	Florida Depa	rtment of S	State	
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reflectly destine mormation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 on the receiver or trustee empowered the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accress, with all priver like empowered.

SIGNATURE:

239-765-0202