

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90196 025 ***150.00

DOCUMENT # P00000018387

1. Entity Name
SOUTHWEST FLORIDA BOAT SERVICES, INC.

Principal Place of Business

**7150 ESTERO BOULEVARD
 SUITE 605
 FORT MYERS BEACH FL 33931**

Mailing Address

**7150 ESTERO BOULEVARD
 SUITE 605
 FORT MYERS BEACH FL 33931**

2. Principal Place of Business

25965 PEBBLE CREEK DR

3. Mailing Address

25965 PEBBLE CREEK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number **65-0982660**

Applied For
 Not Applicable

Zip **34135** Country **LEE**

Zip **34135** Country

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **VICTORIA M RANEY**
 Street Address (P.O. Box Number is not Acceptable)
25965 PEBBLE CREEK DR.
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VICTORIA M RANEY** **PRESIDENT** DATE **8/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PSTD RANEY, VICTORIA M 7150 ESTERO BOULEVARD FORT MYERS BEACH FL 33931	<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
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE ADDRESS TO: 25965 PEBBLE CREEK DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VICTORIA M RANEY** **8/2/02 239-948-1233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
Florida Department of State Dr # P00000018387
Div. of Corporations 973275 Aug 8/02

To Whom it may concern,
Enclosed is check in the amount
of one hundred fifty dollars. The
Corporation changed location and report
evidently was not received. In speaking
to one of your representatives I was
advised to send this amount and request
that any additional sum be forgiven.
Thank you for your consideration.

Sincerely,

Victor M. Raney