## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P00000026096



## **FILED** Mar 13, 2003 8:00 am Secretary of State

1. Entity N	DCK PROFESSIONAL PARK II	, INC.			03-13-2003 9008	35 024 ***15	50.00
18401 MUR	lace of Business DOCK CIRCLE RLOTTE FL 33948	Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE FL 339					
3191	Place of Business Harbor Blud.	3. Mailing Address 3191 Harb	nac Blue				
Suite, Ap	B	Ste. B			☐ CHECK HERE IF MA	AKING CHANGE	ES .
City & St	Charlotte FL Country	City & State Pt. Charlo			4. FEI Number 65-1015737	<b>⊢</b>	Applied For Not Applicable
339	52 US 6. Name and Address of Current F	33952	Country US		5. Certificate of Status Desired	Fee Requ.	additional ired
	or Marie and Address of Current P	tegrstered Agent	Name	7	. Name and Address of New Registe	ered Agent	
MCKINL	EY, MICHAEL R		, Naire	Ran	ald B. Osker		
I.	URDOCK CIRCLE		Street Address (P.O. Box Number is Not Acceptable)				
	HARLOTTE FL 33948		<del></del>	<u> </u>	- B Harbor BI	<u>ud.</u>	
				<u>.</u>	<u> </u>		
	<u></u>		City (	D+ C	he al malla	FL Zip Co	ode O c c o
8. The above	re named entity submits this statement for ations of registered agent.	the purpose of changing its r	egistered office or	registered a	agent, or both, in the State of Florida	l am familiar with	and accord
l and doings	Allons of registered agent.	1/	8 /			Carrical macrify	, and accept
							j.
SIGNATURE	Signature trend or signature	es DO	Mu	1/			İ
	Signature, typed or printed name of registered agent and	of title if applicable. (NOTE:	Registered Agent signar	e required when	n reinstating) D	ATE	
Afte	Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S		Registered Agent signar	e required when	9. Election Campaign Financing Trust Fund Contribution.		00 May Be
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$  OFFICERS AND DESCRIPTION OF STREET O	State	Registered Agent signar		9. Election Campaign Financing Trust Fund Contribution.	9 <b>\$5.</b> □ Adde	ed to Fees
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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 changed, or on an attachment with an address with all other like empewered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

Delete

Data

Daytime Phone #

☐ Change

Addition