2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000027808 DOCUMENT

SEARREEZE PLAZA & PROPERTY MANAGEMENT, INC.



FILED Jan 24, 2003 8:00 am **Secretary of State**

01-24-2003 90051 006 ***150.00

| BRYANT, EDWARD R JR. 2663 AIRPORT ROAD SOUTH D-110 NAPLES FL 34112 Delete | | | | LIVILITY, 11 VO. | | | | | | | | | |
|--|----------------------------------|--|-----------------|--|--------------|---------------------------|----------------------|--------------|---------------------------------|----------------|-------------|------------------------|-------------|
| Suries, Act. #, etc. | 2663 AIRPORT ROAD SOUTH D-110 | | | 2150 GOODLETTE ROAD SUITE 700 NAPLES FL 34102-4812 | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Ap | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | 88 /81/381/388/ | |
| Not Applicable Not | Suite, Apt. | #, etc. | Suit | | (| 0 | | | √ CHECK HERE | IF MAKING | CHANGES | 3 | |
| S. Hame and Address of Current Registered Agent T. Name and Address of New Registered Agent Name BRYANT, EDWARD R 700 11TH STREET SOUTH PH-II NAPLES FL 34102 S. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and late i applicable. SIGNATURE Syndra, Rodd on precedurary displayed agent and late i applicable. OCTE Registered Agent syndration meaned entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent age | City & Stat | е | Fo To | | ~ S | FL | | 4. FEI | Number 65-0995251 | | | lot Applicable | } |
| BRYANT, EDWARD R 700 11TH STREET SOUTH PH-I NAPLES FL 34102 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 Signature, based or peach named registered agent and not a sopicable. INCITE Registered Agent signature required agent in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, based or peach named registered agent and not a sopicable. INCITE Registered Agent signature required when remarking: DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 111. TITLE BRYANT, EDWARD R JR SIREF ADDRESS OTITY 51-2P TITLE Delete INTLE Delet | Zip | | 3 | 3907 | | | | | | | ee Requir | | |
| BRYANT, EDWARD R 700 11TH STREET SOUTH PH-II NAPLES FL 34102 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 Fordid. I am familiar with, end accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.LE MAKE BRYANT, EDWARD R JR. SIREET AGRESS CITY-57-2P FILE Delete ITILE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete | | 6. Name and Address of Current F | Registere | ed Agent | | - Namo | 7 | 7. Nar | | egistered A | gent | | - |
| NAPLES FL 34102 City NAPLES FL Zip Code 34112 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signat | | | | | | Street Ad | dress (P.C ATRPOI | D. Box | Number is Not Acceptable |) | | | - |
| S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida agent. FILE NOW!! FEE IS 5150.00 After May 1, 2003 Fee will be \$550.00 After May 1 | PH-II | | | | | D-110 | | | | | | | |
| SIGNATURE Signature Signature Signature Signature of registered agent agent and user a applicable. (NOTE Registered Agent signature required when relinerating) CATE | NAPLES F | L 34102 | | | | | | | | FL | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | | | the purp | ose of changing its | registere | ed office or i | egistered | agent | t, or both, in the State of Flo | rida. I am fa | miliar with | , and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. | SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if app | plicable (NOT) | E: Registere | d Agent signatur | e required who | en reinst | tating) | DATE | | <u></u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP Change Change Addition STREET ADDRESS CITY-ST-ZIP Change Ch | Afte | May 1, 2003 Fee will be \$550.00 | State | | · | | | | . • | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | BRYANT, EDWARD R JR. 2663 AIRPORT ROAD SOUTH D-1 | 10 | Delete | NAM STRE | E Et address | | | | | ☐ Change | ☐ Addition | E034 /40/02 |
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(231)489-3303 X284