

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90192 026 ***158.75

DOCUMENT # P00000031737

1. Entity Name
INTL. PROPERTY LIST, INC.

Principal Place of Business

~~1423 SE 16TH PLACE #104~~
~~CAPE CORAL FL 33900~~

Mailing Address

~~1423 SE 16TH PLACE #104~~
~~CAPE CORAL FL 33900~~

2. Principal Place of Business

1723 Golf Club Dr #2
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 816
 Suite, Apt. #, etc.

City & State
N. Fort Myers, FL

Zip **33903** Country **USA**

City & State
Fort Myers FL

Zip **33902** Country **USA**

4. FEI Number **65-0491640**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RITTER, JERALD L
5601 BURNHAM COURT
FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name **RITTER, Jerald L**
 Street Address (P.O. Box Number is Not Acceptable) **1723 Golf Club Dr. #2**
 City **N. Fort Myers** **FL** Zip Code **33903**

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.

SIGNATURE **Jerald L Ritter** **Jerald L Ritter** **3/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **RITTER, JERALD L**
 STREET ADDRESS **5601 BURNHAM COURT**
 CITY-ST-ZIP **NORTH FORT MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Jerald L Ritter** **3/15/02** **941-995-4380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478783

CR2E034 (9/01)