

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 037 ***150.00

DOCUMENT # P00000038965

1. Entity Name

PARK MEADOW TENNIS CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1895 PARK MEADOWS DR.

Suite, Apt. #, etc.

3. Mailing Address

1895 PARK MEADOWS DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-1007260

Applied For
Not Applicable

Zip
33907-3737

Country
USA

Zip
33907-3737

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OLIVER STENGER

Street Address (P.O. Box Number is Not Acceptable)

1895 PARK MEADOWS DRIVE

City

FORT MYERS

FL

Zip Code
33907

**DO NOT WRITE
IN THIS SPACE**

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
PVTS
NAME
OLIVER STENGER
STREET ADDRESS
1895 PARK MEADOWS DRIVE
CITY - ST - ZIP
FORT MYERS, FL 33907

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02 (223) 936 6309