## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Jan 25, 2002 8:00 am				
DOCUMENT # P0000			0053478				S	ecre	tary (	of Sta	ate
SEA K3,										009 ***150	
Principal Plac	ce of Business		Mailing Address								
16488 CA AVA ROAD CAPTIVA FL 33924			16488 CAPTIVA ROAD CAPTIVA FL 33924				{ <b> 0.0</b>     <b>0.0</b>	IIT <b>ab</b> ibi <b>ab</b> ibi <b>a</b>	(15) <b>88</b> šii <b>89</b> ii) <b>88</b>		f 18889 (D)( 388)
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4</b> . F	El Number	65-1027	184		pplied For
Zíp	Countr	у	Zip	Cour	etry	5. (	Certificate of	Status Desir		\$8.75 Ac Fee Requir	
	6. Name and Add	ress of Current Re	gistered Agent			7. N	lame and A	ddress of Ne	w Registere	d Agent	
RECKER, WILLIAM J 16488 CAPTIVA ROAD					Street Addre	ss (P.O. B	lox Number i	s Not Accep	table)	•	
CAPTIVA FL 33924											
					City				F	L Zip Coo	de
SIGNATURE  Signature, typed or printed name of registered agent and  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  32(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 Sta			10	10. Election Campaign Financing \$5.00 May Be				
11.25 Ex.	14 74 75 44	OFFICERS AND DIF		12.			L DITIONS/CH	HANGES TO	OFFICERS AN	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS OTY/ ST; ZIP/ 3	D RECKER, WILLIAM 16488 CAPTIVA R CAPTIVA FL 3392	OAD	☐ Delete	-	J				***	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECKER, BROOKE 16488 CAPTIVA R CAPTIVA FL 3392	E E OAD	☐ Delete		ı					☐ Change	Addition
TITLE Name Street address City-St-Zip	VP GALLI, PETER R ~16488 CAPTIVA*RI CAPTIVA FL 33924		Delete				<i>.</i>	<u> </u>	and and the	Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		I .					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	_				☐ Change	☐ 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:** 

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR