

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 039 ***150.00

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

DOCUMENT # P00000065877

1. Entity Name
RLS PROPERTIES, INC.



Principal Place of Business
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

Mailing Address
4501 TAMIAMI TRAIL NORTH SUITE 204
NAPLES, FL 34103

90102613



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

P.O. Box 111419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL

4. FEI Number
59-3669803

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34108-0124

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWOPE, RICHARD L
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SWOPE, RICHARD L
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109 ☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard L Swope 4-18-03 (239) 262-0170

CH2E034 (10/02)