

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 035 ***150.00

DOCUMENT # *P00000076755*

1. Entity Name

FORTIS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7130 KOLA TERR.

3. Mailing Address

P.O. Box 60872

Suite/Apt. #, etc.

Unit 23

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

City & State

Ft. Myers, FLA.

4. FEI Number

01-0672547

Applied For

Not Applicable

Zip

33906

Country

LEE

Zip

33906-60872

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Raymond R. Laing

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

7130 KOLA TERR.

Unit 23

City

Ft. Myers,

FL

Zip Code

33906

**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

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

Raymond R. Laing
(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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	<i>PVST</i>
NAME	<i>RAYMOND R. LAING</i>
STREET ADDRESS	<i>7130 KOLA TERR. Unit 23</i>
CITY-ST-ZIP	<i>FT. MYERS, FLA. 33906</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Raymond R. Laing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02
944-270-9392

CR2E034B (12/01)