

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90082 032 ***150.00

DOCUMENT # P00000113328

1. Entity Name
SIESTA KEY FLORIDA RENTALS, INC.



Principal Place of Business

**92 AVENIDAMESSINA
SARASOTA FL 34242**

Mailing Address

**PO BOX 2388
SARASOTA FL 34230**

2. Principal Place of Business

5150 OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

5150 OCEAN BLVD

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL

Zip
34242

Country
SARASOTA

City & State
SARASOTA FL

Zip
34242

Country
SARASOTA

4. FEI Number **65-1059955**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**R. CRAIG HARRISON
1605 MAIN STREET
SUITE 1111
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **ESSLINGER, ROGER**
STREET ADDRESS **824 OAKWOOD AVENUE - 181 ELMWOOD AVE**
CITY-ST-ZIP **EAST AURORA NY 14052**

TITLE **D** ☐ Delete
NAME **ESSLINGER, ARLENE**
STREET ADDRESS **824 OAKWOOD AVENUE 181 ELMWOOD AVE**
CITY-ST-ZIP **EAST AURORA NY 14052**

TITLE **D** ☐ Delete
NAME **DEAR, RICHARD**
STREET ADDRESS **1264 NORTH PALM AVENUE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **DAVID BOWLES**
STREET ADDRESS **5100 HZGEL AVE**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **D** ☐ Delete
NAME **SUSAN BOWLES**
STREET ADDRESS **5100 HZGEL AVE**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

12. 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 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
RICHARD DEAR

Date

Daytime Phone #

1/6/03 941 349-1125

CR2E034 (10/02)