

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED

02 APR 29 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000019393**

1. Entity Name

Ft. Myers Beach Plaza, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19051 San Carlos Blvd.

Suite, Apt. #, etc.

3. Mailing Address

27869 Kings Kew

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Myers Beach, FL

City & State
Bonita Springs, FL

4. FEI Number

65-1078452

Applied For

Not Applicable

Zip
33931

Country
Lee

Zip
34134

Country
Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Scott Sawyer**

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

27869 Kings Kew

City **Bonita Springs**

FL

Zip Code

34134

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]

[Signature]

4/27/02

Signature, in full or printed name of registered agent and title if applicable

(Date: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/D
Scott Sawyer
27869 Kings Kew
Bonita Springs, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V/D
Carey Sawyer
27869 Kings Kew
Bonita Springs, FL 34134**

TITLE
NAME
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******228.75 ****150.00**

mPL

4/29/02

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

(239)947-9211

DATE

Daytime Phone #

CR2002-48 (12/01)