

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90259 016 \*\*\*150.00

**DOCUMENT # P01000025579**

1. Entity Name  
**LIKE KIND EXCHANGE CORPORATION**



Principal Place of Business  
**247 N COLLIER BLVD SUITE 202  
MARCO ISLAND FL 34145**

Mailing Address  
**247 N COLLIER BLVD SUITE 202  
MARCO ISLAND FL 34145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1084895**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, PEGILEE H  
247 N COLLIER BLVD SUITE 202  
MARCO ISLAND FL 34145**

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

| 10. OFFICERS AND DIRECTORS      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                       |
|---------------------------------|---|---|---------------------------------------|
| TITLE                           | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <input type="checkbox"/> Delete | <b>D<br/>MORRIS, PEGILEE H<br/>247 N COLLIER BLVD SUITE 202<br/>MARCO ISLAND FL 34145</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                       |
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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 OF REGISTERED AGENT**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/2003 239-642-6020**

CR2E034 (10/02)