

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 003 ***158.75

DOCUMENT # P01000029754

1. Entity Name

CAPE ROMANO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
930 Cape Marco Drive		930 Cape Marco Drive	
Suite, Apt. #, etc. PH-3		Suite, Apt. #, etc. PH-3	
City & State Marco Island, Fl.		City & State Marco Island, FL	
Zip 34145	Country USA	Zip 34145	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1091762	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Craig R. Woodward

Street Address (P.O. Box Number is Not Acceptable)
Woodward, Pires & Lombardo, P.A.

606 Bald Eagle Drive, Suite 500

City
Marco Island

FL Zip Code
34113

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.

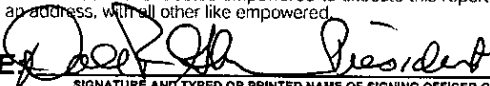
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00</p> <p>After May 1, Fee is \$550.00</p> <p>Amended UBR is \$81.25</p> <p>Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	Glon, Dale Director/President	TITLE	
NAME		NAME	
STREET ADDRESS	930 Cape Marco Drive, PH-3	STREET ADDRESS	
CITY-ST-ZIP	Marco Island, Fl. 34145	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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  **President** **4-29-02** **241 354 5217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)