

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040519

1. Entity Name

ALTMAN REALTY, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-16-2002 90374 025 ***550.00

40421



DO NOT WRITE IN THIS SPACE

Principal Place of Business

27053 JARVIS RD.
 BONITA SPRINGS FL 34135

Mailing Address

27053 JARVIS RD.
 BONITA SPRINGS FL 34135

2. Principal Place of Business

7941 DENI DR

Suite, Apt. #, etc.

3. Mailing Address

7941 DENI DR

Suite, Apt. #, etc.

City & State

N. Ft. MYERS FL

City & State

N. Ft. MYERS FL

Zip

33917

Country

USA

Zip

33917

Country

USA

4. FEI Number

65-1104773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SW. PROF. SERVICES OF SOUTH FLORIDA, INC.
 13571 MCGREGOR BLVD., #22
 FT. MYERS FL 33919

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 fee 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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 SCOTT ALTMAN
 7941 DENI DR
 N. Ft. MYERS, FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-02 239-567-2441

CR2E034 (4/02)