


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90785 040 \*\*\*150.00

<b>DOCUMENT #</b> P01000062131	
<b>1. Entity Name</b> INTERMART PROPERTIES SOUTHWEST FL, INC.	

<b>Principal Place of Business</b> 16520 S. TAMiami TRAIL. #18-283 FT. MYERS FL 33908	<b>Mailing Address</b> 16520 S. TAMiami TRAIL. #18-283 FT. MYERS FL 33908
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<b>2. Principal Place of Business</b> 3434 SW 26th Place Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3434 SW 26th Place Suite, Apt. #, etc.
<b>City &amp; State</b> Cape Coral, FL	<b>City &amp; State</b> Cape Coral, FL
<b>Zip</b> 33914	<b>Country</b>



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1119440	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAHIN, PATRICIA S 6380 COCOS DR. FT. MYERS FL 33908	
<b>7. Name and Address of New Registered Agent</b> Name: Woods, Patricia S Street Address (P.O. Box Number is Not Acceptable): 3434 SW 26th Place City: Cape Coral, FL Zip Code: 33914	

**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: Patricia S. Woods (Signature) *Patricia S. Woods* (NOTE: Registered Agent signature required when reinstating) DATE: 3/7/03

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, JAMES E P.O. BOX 1427 BOCA GRANDE FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DEHLIN, PATRICIA S 6380 COCOS DR FORT MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woods, Patricia S 3434 SW 26th Place Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Patricia S. Woods* **SIGNATURES REQUIRED VP** **3/7/03** **239.8514502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)