

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90011 050 ***150.00

DOCUMENT # P01000072822

1. Entity Name
DORSET HARBOR DEVELOPMENT CORPORATION



Principal Place of Business
1876 TRADE CENTER WAY, STE. B
NAPLES FL 34109

Mailing Address
1876 TRADE CENTER WAY, STE. B
NAPLES FL 34109

2. Principal Place of Business
6566 ILEX CIRCLE

3. Mailing Address
6566 ILEX CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number **59-3732977**

Applied For

Not Applicable

Zip **34109** **Country** **U.S.A.**

Zip **34109** **Country** **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, PETER J
1876 TRADE CENTER WAY
SUITE B
NAPLES FL 34109

Name
ROBERTS, PETER J.
Street Address (P.O. Box Number is Not Acceptable)
6566 ILEX CIRCLE

City **NAPLES** **FL** **Zip Code** **34109**

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 **PETER J. ROBERTS** (NOTE: Registered Agent signature required when reinstating)

4/3/03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ **Delete**
NAME **ROBERTS, PETER J**
STREET ADDRESS **1876 TRADE CENTER WAY, STE. B**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DPST** ☐ **Change** ☐ **Addition**
NAME **ROBERTS, PETER J**
STREET ADDRESS **6566 ILEX CIRCLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 **(239)** **597 3200**
Date **Daytime Phone #**

CR2E034 (10/02)