

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-13-2002 90210 028 ***150.00

DOCUMENT # P01000079474

1. Entity Name

MARCO ISLAND PROPERTY MANAGEMENT, INC.

Principal Place of Business
 1104 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145

Mailing Address
 1104 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145

2. Principal Place of Business

847 N. Collier Blvd.

Suite, Apt. #, etc.

3. Mailing Address

847 N. Collier Blvd.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

U.S.A.

City & State

Marco Island, FL

Zip

34145

Country

U.S.A.

4. FEI Number

15-1132984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
 1104 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: Daniel J. Dufault
 Street Address (P.O. Box Number is Not Acceptable):
 847 N. Collier Blvd.
 Marco Island, FL
 City: FL Zip Code: 34145

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 reinstalling)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREUSEL, JAMIE B	
STREET ADDRESS	1104 N. COLLIER BOULEVARD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel J. Dufault	
STREET ADDRESS	847 N. Collier Blvd	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02

Date

Daytime Phone #

CR2E034 (9/01)