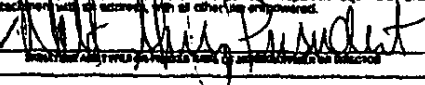


FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90283 010 ***150.00

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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100084607			
1. Entity Name PINESTRAW OF SOUTH FLORIDA, INC.			
Principal Place of Business 18111 PARKRIDGE CIRCLE FORT MYERS, FL 33908-4670		Mailing Address 18111 PARKRIDGE CIRCLE FORT MYERS, FL 33908-4670	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent WINESETT, ROBERT A 1048 FIRST STREET FORT MYERS, FL 33801		5. Name and Address of Next Registered Agent WALTER E. SHIREY 18111 PARKRIDGE CIRCLE FORT MYERS FL 33908	
6. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ☒ are former with, and accept the obligations of a registered agent.			
SIGNATURE 		DATE 6/13/03	
Agent, Officer, Director, or other person named on this report.		Agent, Officer, Director, or other person named on this report.	
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		8. CHECK HERE IF MAKING CHANGES	
9. OFFICERS AND DIRECTORS		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. NAME STREET ADDRESS CITY-ST-ZIP	12. NAME STREET ADDRESS CITY-ST-ZIP	13. NAME STREET ADDRESS CITY-ST-ZIP	14. NAME STREET ADDRESS CITY-ST-ZIP
15. NAME STREET ADDRESS CITY-ST-ZIP	16. NAME STREET ADDRESS CITY-ST-ZIP	17. NAME STREET ADDRESS CITY-ST-ZIP	18. NAME STREET ADDRESS CITY-ST-ZIP
19. NAME STREET ADDRESS CITY-ST-ZIP	20. NAME STREET ADDRESS CITY-ST-ZIP	21. NAME STREET ADDRESS CITY-ST-ZIP	22. NAME STREET ADDRESS CITY-ST-ZIP
23. NAME STREET ADDRESS CITY-ST-ZIP	24. NAME STREET ADDRESS CITY-ST-ZIP	25. NAME STREET ADDRESS CITY-ST-ZIP	26. NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and that of the person or persons named on this report as officers or directors of the corporation or the person or persons authorized 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 the statement with an address, with all other persons authorized.			
SIGNATURE: 		DATE: 4/22/03 1239-707-7846	