

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90081 033 ***150.00

DOCUMENT # P01000086540

1. Entity Name
POPE REAL ESTATE AND CONSTRUCTION, INC.



Principal Place of Business

~~2626 TAMiami TRAIL, E#6~~
~~NAPLES FL 34112~~

Mailing Address

PO BOX 1792
~~E#6~~
NAPLES FL 34106-1792



2. Principal Place of Business

5051 CASTELLO DRIVE

3. Mailing Address

P.O. Box 1792

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #224

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

USA

Zip

34106-1792 USA

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3754631

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

POPE, KATHRYN L

~~2626 TAMiami TRAIL, E#6~~

NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

POPE, KATHRYN L.

Street Address (P.O. Box Number is Not Acceptable)

5051 CASTELLO DRIVE

SUITE 224

City

NAPLES

FL

Zip Code

34103

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

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
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POPE, KATHRYN L	
STREET ADDRESS	PO BOX 1792	
CITY-ST-ZIP	NAPLES FL 34106-1792	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

1343800

CR2E034 (10/02)