2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000120439 DOCUMENT

SEASHORE PROPERTIES OF SOUTHWEST FLORIDA, INC.

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90236 012 ***150.00

Pince of Business SEX AUSTRAN BLUD PINTA GORDA FL 3582 2. Principal Place of Business Suite Act #. etc. City A State Cit																			
Sulle, Apr F. etc.	9225 AUSTRIAN BLVD.				9225 AUSTRIAN BLVD.					 									
City & State Country A. FEI Number 80-0003673 Applied For Not Applicable Not Applicab	2. Principal P	lace of Busin	ess		3. Mail	ing Address		\$											
Zp Country Zp Country S. Certificate of Status Desired Sa. 75 Additional Face Properties	Suite, Apt.	#, etc.			Suite	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
S. Cerricans of Status Diseased Fee Required Fe	City & State	e		<u> </u>	City		4. FEI Number 8			80-0003673									
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Name		6. Name	and Ad	dress of Curre	ent Registere	d Agent		F	7.	. Name a	nd Addre	ss of N	ew Reg	gistered	Agent			7	
SO, WEST PROFESSIONAL SERVICES OF S. FLA. 13571 MCGREGOR BLVD. #22 FT. MYERS FL 33919 City FL Z p Code City FL City FL Z p Code City F		,	-	-				Name	_	F:	_							1	
ET. MYERS FL 33919 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent agent agent and state of the policy of t					f S. Fla.			Street Ad	dress (P.O.									-	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature																		1	
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TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	the obligat	ions of regist	y submit ered age	s this statemen ent.	it for the purp	ose of changing its	register	ed office or r	egistered a	agent, or I	ooth, in th	e State o	of Florie	da. Iam	familiar wi	th, an	d accept	-	
Atter May 1, 2003 Fee will be \$550.00 May Be Added to Florida Department of State 10.	SIGNATURE.	Signature, typed	or printed n	ame of registered ag	gent and title if app	licable. (NOTE	: Registere	ed Agent signatur	e required wher	n reinstating)				DATE					
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		ertify that the	informa	ation supplied v	with this filina	does not qualify for			d in Section	n 119.07(3)(i), Flori	da Statu	ites. I fu	urther ce	rtify that th	e info	rmation	†	