

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 3  
04-14-2003 90932 018 \*\*\*158.75  
P02000072716

0532883 AV

DOCUMENT # P02000072716

1. Entity Name  
SINGULAR PROPERTIES PERDIDO, INC.



FILED

03 OCT 13 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3200 TAMiami TRAIL NORTH  
NAPLES FL 34103

Mailing Address  
3200 TAMiami TRAIL NORTH  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J  
3200 TAMiami TRAIL NORTH  
NAPLES FL 34103

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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          | D                       | <input type="checkbox"/> Delete |
| NAME           | RETHARI, GEORGE O       |                                 |
| STREET ADDRESS | 13601 PERDIDO KEY DRIVE |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32507      |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | DAVENPORT, ALISON R     |                                 |
| STREET ADDRESS | 13601 PERDIDO KEY DRIVE |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32507      |                                 |
| 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"/> 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 information.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

325-13 854-492-2940  
Date Daytime Phone #

CR2E034 (10/02)



PAGE 2 of 3

**WOODWARD, PIRES & LOMBARDO, P.A.**

**A t t o r n e y s - A t - L a w**

CRAIG R. WOODWARD •  
MARK J. WOODWARD  
ANTHONY P. PIRES, JR. ■  
J. CHRISTOPHER LOMBARDO  
STEVEN V. BLOUNT

CARRIE E. LADEMAN

BURT L. SAUNDERS  
ELIZABETH J. VAN ARSDALE ▲  
OF COUNSEL

• (Board Certified Real Estate Attorney)  
■ (Board Certified City, County and Local Government Attorney)  
▲ (Certified Circuit Civil Mediator)  
▲ (Certified Family Law Mediator)  
▲ (Also Admitted in Iowa)

3200 Tamiami Trail N.  
Suite 200  
Naples, FL 34103  
TEL (239) 649-6555  
FAX (239) 649-7342

www.wpl-legal.com

August 26, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Singular Properties Perdido, Inc.  
Document No. P02000072716**

Dear Sir or Madam:

I am writing this letter to inform you that this office never received the rejected Uniform Business Report back in April, regarding the above referenced.

I have spoken with a representative of your office, and she informed me that it was rejected due to the lack of a FEIN Number. The required FEIN Number for this entity is **04-3709136**. You have already received my initial filing fee, in the amount of \$158.75; requesting a Certificate of Status, and our records indicate that this check has cleared our account.

I am requesting a waiver of the late fee filing fine, due to the circumstances as stated above.

Should you have any questions regarding the above referenced, do not hesitate to contact me.

Sincerely yours,

Carrie E. Lademan

CEL/nah

cc: Lisa at Beach Colony Resort via facsimile no. (850) 492-2945



Page 3 of 3

**WOODWARD, PIRES & LOMBARDO, P.A.**  
Attorneys - At - Law

CRAIG R. WOODWARD ●  
MARK J. WOODWARD  
ANTHONY P. PIRES, JR. ■  
J. CHRISTOPHER LOMBARDO  
STEVEN V. BLOUNT

October 9, 2003

CARRIE E. LADEMAN

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, FL 32314

BURT L. SAUNDERS  
ELIZABETH J. VAN ARSDALE ▲  
OF COUNSEL

**Re: Singular Properties Perdido, Inc.**  
**Document No. P02000072716**

- (Board Certified Real Estate Attorney)
- (Board Certified City, County and Local Government Attorney)
- ▲ (Certified Circuit Civil Mediator)
- ▲ (Certified Family Law Mediator)
- ▲ (Also Admitted in Iowa)

Dear Sir or Madam:


I am writing this letter to inform you for the second time, per the attached copy of my letter dated August 26, 2003, that this office never received the rejected Uniform Business Report back in April, regarding the above referenced.

I have spoken with a representative of your office, and she informed me that it was rejected due to the lack of a FEIN Number. The required FEIN Number for this entity is **04-3709136**. You have already received my initial filing fee, in the amount of \$158.75, requesting a Certificate of Status, and our records indicate that this check has cleared our account.

I am requesting a waiver of the late fee filing fine and reinstatement of this corporation, due to the circumstances as stated above.

Should you have any questions regarding the above referenced, do not hesitate to contact me.

Sincerely yours,

  
Carrie E. Lademan

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Suite 200  
Naples, FL 34103  
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CEL/nah  
Enclosures as stated