

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90050 048 ***150.00

DOCUMENT # P02000104275

1. Entity Name
S & I REAL PROPERTIES, INC.



Principal Place of Business
4802 SW 29 AVENUE ~~NA~~
CAPE CORAL FL 33914

Mailing Address
4802 SW 29 AVENUE ~~NA~~
CAPE CORAL FL 33914



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

447 Cape Coral Pkwy E Unit 111
Suite, Apt. #, etc.

City & State

Cape Coral, Florida 33904

Country

33904-8538 USN

3. Mailing Address

Cape Coral Pkwy E Ste 101
Suite, Apt. #, etc.

City & State

Cape Coral, FL 33904

Country

33904-8538 USN

4. FEI Number

320633552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, J. SCOTT
4802 SW 29 AVENUE
CAPE CORAL FL 33914

Cape Coral Pkwy E. Ste 101
Cape Coral, FL 33904-8538

7. Name and Address of New Registered Agent

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 Scott Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

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

TITLE D
NAME DAVIS, J. SCOTT
STREET ADDRESS 4802 SW 29 AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

1-6-03

Date

Daytime Phone #

CR2E034 (10/02)