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

SIGNA

RINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## Jan 30, 2003 8:00 am Secretary of State P02000111040 01-06-2003 90021 046 \*\*\*150.00 **DOCUMENT#** 1. Entity Name TRANQUILITY ESTATES INC. Principal Place of Business 5455 JAEGER RD STE A Mailing Address 5455 JAEGER RD STE A NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . CHECK HERE IF MAKING CHANGES 4. FEI Number 30-0119 City & State Applied For City & State Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAPPER BRIGID'S Street Address (P.O. Box Number is Not Acceptable) 5455 JAEGER RD STE A NAPLES FL 34109 City 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 Fiorida. I am familiar with, and accept the onligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/02) □ Delete TITLE ☐ Change ☐ Addition CLAPPER, BRIGID S NAME NAME 5455 JAEGER RD STE A STREET ADDRESS STREET ADORESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP ΠLE ☐ Delete TITLE Change ☐ Addition NA; Æ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP II ILE Delete Change ☐ Addition N/IME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 597, 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 the empowered.