

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 031 ***150.00

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DOCUMENT # PO2000114583			
1. Entity Name 1200 MAIN STREET, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. 1200 MAIN STREET City & State FT. MYERS BEACH, FL Zip 33931 Country US		3. Mailing Address Suite, Apt. #, etc. P.O. BOX 2759 City & State FT. MYERS BEACH, FL Zip 33932-2759 Country US	
		4. FEI Number 03-0489115	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name VILLERS, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 1200 MAIN STREET City FT. MYERS BEACH, FL Zip Code 33931	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSTD VILLERS, JOSEPH A. 1200 MAIN STREET FT. MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Joseph A. Villers</u>		JOSEPH A. VILLERS 4/29/03 (239) 463-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)