

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90740 012 ***150.00

DOCUMENT # P02000115542

1. Entity Name
RIVER LANDING REALTY, INC.



Principal Place of Business
~~8234 CORAL ISLE WAY~~
~~FORT MYERS FL 33919~~

Mailing Address
~~9234 CORAL ISLE WAY~~
~~FORT MYERS FL 33919~~



2. Principal Place of Business
12729 MCGREGOR BLVD

3. Mailing Address
SAME

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.

City & State
FT. MYERS, FL

City & State

4. FEI Number
57-1135524

Applied For
Not Applicable

Zip
33919

Country
LEE

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS FL 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
SIMMONS, WILLIAM E
9234 CORAL ISLE WAY
FORT MYERS FL 33919

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM E. SIMMONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. SIMMONS

Date

Daytime Phone #

239-4824

3/17/03

0003

CRP034 (10/02)