2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039686

1. Entity Name

ECO PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

% 15725 TAMIAMI TRAIL NORTH

% 15725 TAMIAMI TRAIL NORTH NAPLES FL 34110

NAPLES FL 34110

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90070 029 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired	US			US 3. Mailing Address				ບບບ28272 -				
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Registered Agent 7. Name and Address of New Registered Agent Name FLINN, ROBERT H 15725 TAMIAMI TRAIL NORTH NAPLES FL 34110 City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature 9. This corporation is eligible to satisfy as Intangible Tax Iting requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADMISSS CITY-S1-ZIP TITLE NAME FLINN, ROBERT H. STREET ADMISSS CITY-S1-ZIP TITLE SD ORAPLES FL TITLE ORAPLES FL TITLE ORAPLE	2. Principal P	lace of Busir	ness									
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Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additions FER Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address								<u> </u>				
S. Cerrinicate of Status Desired Fee Required Fee Required Filinn, ROBERT H 15725 TAMIAMI TRAIL NORTH NAPLES FL 34110 City FL 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 Fiorida. SIGNATURE 9. This corporation is eligible to satisfy its Intrangible Tax filling requirement and elects to do so. (See orderia on back) TITLE PD OFFICERS AND DIRECTORS TITLE PM OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-SI-ZP TITLE VD NAME FLINN, ROBERT H. SIME TADDRESS CITY-SI-ZP NAME STREET ADDRESS CITY-SI-ZP TITLE SD Delete NAME STREET ADDRESS CITY-SI-ZP TITLE SD Delete NAME STREET ADDRESS CITY-SI-ZP TITLE SD Delete NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS CITY-SI-ZP TITLE SD Delete TITLE NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS CITY-SI-ZP TITLE SD Delete	City & State	e		City & State	City & State			El Number	65-04486	11		plied For t Applicable
FLINN, ROBERT-H 15725 TAMIAMI TRAIL NORTH NAPLES FL 34110 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. SIGNATURE Signature, typend or privated frame of registered agent and time if applicable. (NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See corter-io on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 NAME FLINN, ROBERT H. 15725 TAMIAMI TRL N. NAPLES FL TITLE VD NAME FLINN, ROBERT H. 15725 TAMIAMI TRL N. NAPLES FL TITLE SD Delete NAME STRETA ADDRESS CITY-ST-2P TITLE SD Delete NAME STRETA ADDRESS CITY-ST-2P TITLE NAME STRETA ADDRESS CITY-ST-2P NAME STRETA ADDRESS CITY-ST-2P TITLE STRETA ADDRESS	Zip Country			Žip	Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
FLINN, ROBERT H- 15725 TAMIAMI TRAIL NORTH NAPLES FL 34110 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. SIGNATURE Signature typed or prived name of registered agent and stell applicable. P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMAME. SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-2P NAPLES FL OCHORSS CITY-ST-2P OCHOR		6. Name	and Address of Current									
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	1572	5 TAMIAMI	TRAIL NORTH	<u></u>			dress (P.O. B	(P.O. Box Number is Not Acceptable)				
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) See criteria on back See criteria on back) See criteria on back See cr						City				F	L Zip Code	9
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to File Added t	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature	required when re		n the State of I			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	ET ADDRESS ST-ZIP						Addition

of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

(941) 597-2800