

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 009 ***550.00

DOCUMENT # P93000039686

1. Entity Name
ECO PROPERTIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
 % 15725 TAMiami TRAIL NORTH
 NAPLES FL 34110
 US

Mailing Address
 % 15725 TAMiami TRAIL NORTH
 NAPLES FL 34110
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0448611**

Applied For
 Not Applicable

Country

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

FLINN, ROBERT H
15725 TAMiami TRAIL NORTH
NAPLES FL 34110

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLINN, ROBERT H.	
STREET ADDRESS	15725 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLINN, COLIN S.	
STREET ADDRESS	15725 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENEROFE, ANDREW R.	
STREET ADDRESS	15725 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 July 2002
 Date

Daytime Phone #

CFR2034 (4/02)