2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000071312 **DOCUMENT #**

Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

TITLE MANUE STREET ADDRESS CITY-ST-ZIP TITLE MANUE MANU	CAPE AND ISLANDS REALTY CORP.							03-17-2003 900	574 042	***150.	00	
Suite, Apt. #, etc. City & State	267 NORTH COLLIER BLVD.			267 NORTH COLLIER BLVD.				E INCHESE HA GRAS MIN SANI ASUR		81 11888 1214		
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City & State Country Country Country Special Country Name Name Street Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) The collegators of registered agent. Signature Special Country Signature Special Count	z. Principari	Place of Business	3. Mailing Address					4 10 2 110 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FB161 BB611 198	11 (1948 (1 14)	1 19816 1181 1881	
Zip Country Zip Country Sip Country Sip S. Certificate of Seture Desired Seture	Suite, Apt	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
Servert Address of Current Registered Agent	City & Sta	te	City & State					FEI Number 65-0443388			·	
S. Name and Address of Current Registered Agent	Zip	Country	Zip		Cour	ntry	5.	Certificate of Status Desired		8.75 Ad	Iditional	
WHITE, ROBERT L 267 NORTH COLLIER BLVD. MARCO ISLAND FL 33937 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and the Expression. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name and Address of Curren	t Register	ed Agent - 🚈 🤻	<u> </u>	m, 22 . ; ; ; ; ; ; ; ; ;	7,	Name and Address of New Reg			au .	
Street Address (P.O. Box Number is Not Acceptable) ARCO ISLAND FL 33937 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, field or orrest area of ingistered agent and life ill spotoable. (NOTE highered Agent signature required when in notified) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee wil	WAITE DODGOT I					Name						
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B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, spend or protections of registered agent and title if applicable. (NOTE Registered Agent signature required when remaining) DATE						City			FI	Zip Coc	de	
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		ertify that the information supplied with	this filing	does not qualify for			a Saction 1	110.07/3\/i) Elorido Statuto 15	han a47	46 -4 15 - 1		

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:

Daytime Phone #