## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 31, 2003 8:00 am<sup>3</sup> P93000073719 **Secretary of State** DOCUMENT # 1. Entity Name 03-31-2003 90280 019 \*\*\*150.00 JAMÉS H. ROESSLE, P.A. Principal Place of Business Mailing Address 12857 BALD CYPRESS LANE 12857 BALD CYPRESS LANE NAPLES FL 34119-525 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State -City & State Applied For 65-0457743 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, R. SCOTT Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PKWY **SUITE 315** NAPLES FL 34105 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition TITLE TITLE ☐ Delete ROESSLE, JAMES H NAME NAME 12857 BALD CYPRESS LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

OLUJAMES H. ROESSLE

changed, or on an attachment with an address, with

239-261-6622 Daytime Phone #

FILED