

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017628

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90048 012 ***150.00

Principal Place of Business
6492 ROYAL WOODS DRIVE
UNIT 3
FORT MYERS FL 33908

Mailing Address
16520 SO. TAMiami TRAIL
18-195
FT. MYERS FL 33908-4569
US

B0013489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14807 Riverview Ct.
Suite, Apt. #, etc.

3. Mailing Address
13474-158-80, #200
Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number 65-0480085
Applied For
Not Applicable

Zip 33905 Country USA
Zip 33905 Country USA

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

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.

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP WORTH, TRICIA L 12919 2 ST SE FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Colborn, Tricia L. 14807 Riverview Ct. Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tricia L. Colborn **SIGNATURE REQUIRED** 1/31/2000 (941) 482-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #