

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000017628**
 1. Entity Name **SBA SYSTEMS of Ft. Myers, FL, Inc.** ✓

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90026 027 ***150.00

Principal Place of Business

Mailing Address

A0031062

2. Principal Place of Business
14807 Riverchase DR.

3. Mailing Address
13474-1 S.R. 80, # 200

Suite, Apt. #, etc.
Ft. Myers, FL

Suite, Apt. #, etc.

City & State

City & State
Ft. Myers, FL

Zip

33905

Country

USA

Zip

33905

Country

USA

4. FEI Number

65-0480085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTOPHER SHIELDS
1833 Henry Street
Ft. Myers, FL 33901

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE **President**
 NAME **PATRICIA L. COLBURN**
 STREET ADDRESS **14807 Riverchase Ct**
 CITY-ST-ZIP **Ft. Myers, FL 33905**

☐ Delete

TITLE **Sec/Treasurer**
 NAME **PATRICIA L. COLBURN**
 STREET ADDRESS **14807 Riverchase Ct**
 CITY-ST-ZIP **Ft. Myers, FL 33905**

☐ Delete

TITLE **Director**
 NAME **PATRICIA L. COLBURN**
 STREET ADDRESS **14807 Riverchase Ct**
 CITY-ST-ZIP **Ft. Myers, FL 33905**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 (941) 482-3903

Date

Daytime Phone #

CR2E034 (11/00)