

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90131 027 ***150.00

DOCUMENT # P94000055860

1. Entity Name

PINE SHADOWS HANGER GROUP, INC.



Principal Place of Business

**94 SKYLINE DRIVE
NORTH FT MYERS FL 33903**

Mailing Address

**94 SKYLINE DRIVE
NORTH FT MYERS FL 33903**

2. Principal Place of Business

2864 Runway St.
Suite, Apt. #, etc.

3. Mailing Address

2864 Runway St.
Suite, Apt. #, etc.

City & State

North Fort Myers, FL

City & State

North Fort Myers, FL

Zip

33917

Country

Lee

Zip

33917

Country

Lee

4. FEI Number

65-0605538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEXTER, LINCOLN A
94 SKYLINE DRIVE
NORTH FT MYERS FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Albert W Appleby*
Signature, typed or printed name of registered agent and date if applicable.

Albert W Appleby
(NOTE: Registered Agent signature required when reinstating)

1-20-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **DEXTER, LINCOLN A**
STREET ADDRESS **94 SKYLINE DRIVE**
CITY-ST-ZIP **NORTH FT MYERS FL**

TITLE **VPD** ☐ Delete
NAME **CAMPBELL, JOSEPH F**
STREET ADDRESS **18658 BASE LEG AVE**
CITY-ST-ZIP **N FT MYERS FL**

TITLE **D** ☐ Delete
NAME **STRICKLAND, JOHN**
STREET ADDRESS **611 HENDERSON RD**
CITY-ST-ZIP **BEL AIR MD**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert W Appleby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03 (839) 731-3057
Date Daytime Phone #

CR2E034 (10/02)