

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 012 ***150.00

DOCUMENT # P94000065119

1. Entity Name

FM PROPERTIES OF SW FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

643039

2. Principal Place of Business
617 CLAYTON AVENUE

Suite, Apt. #, etc.

3. Mailing Address
6371-4 PRESIDENTIAL CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LEHIGH ACRES, FL

City & State
FT. MYERS, FL

4. FEI Number
65-0593226

Applied For
Not Applicable

Zip
33936

Country
US

Zip
33919

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD R. RICCIANI

Street Address
6371-4 PRESIDENTIAL CT.

City

FT. MYERS

FL

Zip Code
33919

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
MOOSMAYER, FRITZ
617 CLAYTON AVENUE
LEHIGH ACRES, FL 33936**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)