

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049868

1. Entity Name

SQUIRE MANAGEMENT GROUP, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90036 037 ***550.00

Principal Place of Business

Mailing Address

160 9 STREET SOUTH
NAPLES FL 33940

P O BOX 708
NAPLES FL 34106-0708

2. Principal Place of Business

800 SEAGATE DRIVE

3. Mailing Address

800 SEAGATE DRIVE

Suite, Apt. #, etc.

SUITE 301

Suite, Apt. #, etc.

SUITE 301

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0679518

Applied For

Not Applicable

Zip

34103

Country

COLLIER

Zip

34103

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTON, PAUL
160 9 STREET SOUTH
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

J. PAUL EASTON

Street Address (P.O. Box Number is Not Acceptable)

800 SEAGATE DRIVE

SUITE 301

City

NAPLES

FL

Zip Code

34103

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)

6/26/00
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, 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

TITLE P
NAME EASTON, JOHN P
STREET ADDRESS 53 HIGH POINT CIR WEST
CITY-ST-ZIP NAPLES FL ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

8/24/00

Date

941-262-5291

Daytime Phone #

CR2E034 (9/99)