

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 004 ***150.00

DOCUMENT # P96000051113

1. Entity Name
SVOBODA COMMERCIAL PROPERTIES, INC.



Principal Place of Business
**1901 FAIRFAX CIR
NAPLES FL 34109
US**

Mailing Address
**1901 FAIRFAX CIR
NAPLES FL 34109
US**



2. Principal Place of Business

3. Mailing Address

8880 Tennen Ct

8880 Tennen Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Bonita Springs Fl

City & State

Bonita Springs Fl

4. FEI Number **65-0672638**

Applied For

Not Applicable

Zip

34135

Country

Zip

34135

Country

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

**SVOBODA, BRIT E
1901 FAIRFAX CIRCLE
NAPLES FL 34109**

Name

Brit Svoboda

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

8880 Tennen Ct

City

Bonita Springs

FL

Zip Code

34135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SVOBODA, BRIT E**
STREET ADDRESS **1901 FAIRFAX CIRCLE**
CITY-ST-ZIP **NAPLES FL 33109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE REQUIRED

4/18/03

239-948-6855

Date

Daytime Phone #

CR2E034 (10/02)