

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90033 049 ***150.00

DOCUMENT # P96000055939

1. Entity Name
ITC PARTNERS, INC.

Principal Place of Business
1325 IMPERIAL GOLF C BLVD
NAPLES FL 34110
US

Mailing Address
1325 IMPERIAL GOLF C BLVD
NAPLES FL 34110
US



2. Principal Place of Business
10661 Airport Rd. Suite 10661
 Suite, Apt. #, etc. *Suite 106*

3. Mailing Address
10661 Airport Rd. N.
 Suite, Apt. #, etc. *Ste 106*

DO NOT WRITE IN THIS SPACE

City & State
Naples FL
 Zip **34109** Country **USA**

City & State
Naples FLORIDA
 Zip **34109** Country **USA**

4. FEI Number **59-3396803**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

COTTER, TIMOTHY J PA
999 9TH STREET SOUTH
SUITE 103
NAPLES FL 34102

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P CANADA, ARTHUR L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1349 CHARLESTON SO. DRIVE		
	NAPLES FL 34110		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 *ARTHUR L CANADA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-20-02** Daytime Phone # **941-598-3333**

CR2E034 (9/01)