## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

City & State

Zip

## P96000086596 DOCUMENT #

1. Entity Name

US

Principal Place of Business

MARCO ISLAND FL 34145

997 N COLLIER BLVD. SUITE G

2. Principal Place of Business

REINDERS, JAMES M

997 N COLLIER BLVD, SUITE G MARCO ISLAND FL 34145

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zìp

SIGNATURE

WHISKEY CREEK DEVELOPMENTS, INC.

Country

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00



**FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90161 026 \*\*\*150.00

Mailing Address 997 N COLLIER BLVD. SUITE G MARCO ISLAND FL 34145 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0705422 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be

	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Trust Fund Contribution.	· — +-	ed to Fees
10.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD REINDERS, JAMES M. 997 COLLIER BLVD, SUITE G MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition
TITLE NAMÉ STREET ADDRESS ( CITY-ST-ZIP	VD Bailey, fred 997 n Collier BLVD, suite G Marco Island FL 34145	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		·	☐ Change	e 🔲 Addition
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TITLE		☐ Delete	TITLE			☐ Change	Addition

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP