## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P96000094329 OBD. INC. 04-13-2001 90092 033 \*\*\*150.00 Principal Place of Business Mailing Address 7401 ESTERO BLVD 7401 ESTERO BLVD FORT MYERS BEACH FL 33931 FORT MYERS-BEACH FL 33931 D0036418 2. Principal Place of Business 3. Mailing Address 6025 CARLTON LAKES BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0750305 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_\_\_\_ CARLTON LAKES Street Address (P.O. Box Number is Not Acceptable) 2405 PIPER BLVD ATTN: JACK STERLING NAPLES FL 34110 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CLAUSSEN, ROBERT G NAME NAME 7401 ESTERO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE CLAUSSEN, CHRISTOPHER G NAME NAME STREET ADDRESS 7401 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STEPHEN, ROBERT, THOMPSON NAME. NAME STREET ADDRESS 7401 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on the section of the section of the section of the section of the corporation or the receiver on the section of t SIGNATURE WARD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR