

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2001 8:00 am
Secretary of State

04-19-2001 90024 012 ***150.00

DOCUMENT # P97000037544

1. Entity Name

ORTIZ OF FORT MYERS, INC.

Principal Place of Business

7141 N. BRENTWOOD RD.
 FT. MYERS FL 33919

Mailing Address

7141 N. BRENTWOOD RD.
 FT. MYERS FL 33919

2. Principal Place of Business

693 Laurel Cr. E.

Suite, Apt. #, etc.

3. Mailing Address

693 Laurel Cr. E

Suite, Apt. #, etc.

City & State

Deep Gap NC 28618

Zip

28618

Country

City & State

Deep Gap, nc 28618

Zip

28618

Country

4. FEI Number

65-0749883

Applied For

Not Applicable

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

ROBERTS, EDWARD H
7141 N. BRENTWOOD RD.
FT. MYERS FL 33919

Name

Robert Hill Atty.

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

2431-33 1st Street

City: Fort Myers

FL

Zip Code
 33901

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, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 ROBERTS, EDWARD H
 7141 N. BRENTWOOD RD.
 FT. MYERS FL 33919 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 693 Laurel Cr, E
 Deep Gap NC 28618 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 JONES, ROBERT A
 P O BOX 50833
 FT MYERS FL 33901 ☐ Delete

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

TITLE
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 STREET ADDRESS
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☐ Delete

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

DATE

Daytime Phone #

CR2E034 (10/00)