2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State P97000061378 DOCUMENT # 1. Entity Name 03-26-2002 90039 022 ***150.00 COTLE, INC. Mailing Address Principal Place of Business 1240 ESTERO BOULEVARD 1318 LAFAYETTE ST B0051746 FORT MYERS BEACH FL 33931 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0771342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST CAPE CORAL FL 33904 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) **PSTD** PSTO TITLE ☐ Delete TITLE ♣ Change Addition PASEV SPAS PASEV, SPAS NAME NAME 1240 ESTERO BLVD #352 OSTEGO BAY VILLAFE LENNELL ROAD STREET ADDRESS STREET ADDRESS FORT HYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 CITY-ST-ZIP City-St-7IP TITLE Delete TITLE Change Change ☐ Addition SVOBODOVA JANA FULBRIGHT, CATHRYN D NAME NAME 1240 ESTERU BLVD STREET ADDRESS STREET ADDRESS 1240 ESTERO BLVD FORT-MYERS BEACH FL-33931 FORT-HYERS BEACH, FL 33931-CITY-ST-ZIP-CITY-ST-ZIP 💹 Delete TITLE TITLE ☐ Change Addition FULBRIGHT, CATHRYN NAME NAME STREET ADDRESS STREET ADDRESS 1240 ESTERO BOULEVARD CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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.

SVOBODOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hobodan

SIGNATURE:

FILED

03-14-02

Daytime Phone #