

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90187 027 ***150.00

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1. Entity Name
SANIBEL LAND INVESTMENTS, INC.

30000323



Principal Place of Business
**15449 MILAN WAY
NAPLES FL 34110
US**

Mailing Address
**15449 MILAN WAY
NAPLES FL 34110
US**

2. Principal Place of Business
14835 Bellezza Lane

3. Mailing Address
14835 Bellezza Lane

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

City & State
Naples, FL

Zip
34110 Country **US.**

Zip
34110 Country **US**

4. FEI Number **65-0794627**

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

**GARLICK, THOMAS B
5551 RIDGEWOOD DR STE 101
NAPLES FL 34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PTSD	RUBINTON, JON		
15449 MILAN WAY	15449 MILAN WAY		
NAPLES FL 34110	NAPLES FL 34110		

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.

SIGNATURE: **SIGNATURE REQUIRED** **1/17/03** **239.592.0134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)