## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State P98000033923 DOCUMENT # 1. Entity Name 01-30-2002 90020 040 \*\*\*150.00 LAHAINA REALTY, INC. Principal Place of Business Mailing Address 6035 ESTERO BLVD. 6035 ESTERO BLVD. FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0841287 Not Applicable Zip Country Zip Country \$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 TITUS, JESSICA L Street Address (P.O. Box Number is Not Acceptable) 6035 ESTERO BLVD. FT. MYERS BEACH FL 33931 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDT ☐ Addition TITLE ☐ Delete TITLE Change TITUS, JESSICA NAME NAME STREET ADDRESS 300 SEMINOLE WAY STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL 33931 CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME TITUS, VINCENT E NAME 300 SEMINOLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FT MYERS BEACH FL 33931 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 nustee 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

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