

05-01-2002 91516 042 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 798000035445 ✓  
**1. Entity Name**  
Sunland Enterprises of Naples, Inc.

**DO NOT WRITE IN THIS SPACE**

87273

**2. Principal Place of Business** 7381 Sea Island Rd  
 Suite, Apt. #, etc.  
**3. Mailing Address** 7381 Sea Island Rd  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Fort Myers, FL  
**City & State** Fort Myers, FL  
**Zip** 33912 **Country** Lee  
**Zip** 33912 **Country** Lee

**4. FEI Number** 65-0768171  
 Applied for  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**  
**Name** GATTENY, DEANN  
**Street Address (P.O. Box Number is Not Acceptable)** 7327-A Sanibel Blvd  
Fort Myers  
**City** FL **Zip Code** 33912

**DO NOT WRITE IN THIS SPACE**

**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] **DATE** 5/18/02  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

**9. This corporation is eligible to satisfy its tripartite Tax filing requirement and elects to do so.**   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>D</u> <u>BERTGES, Thomas E.</u> <u>7381 Sea Island Road</u> <u>Ft. Myers, FL 33912</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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CR2E034B (12/01)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**  
**SIGNATURE:** Thomas E. Bertges **DATE** 4-18-02 **Daytime Phone #** 941-707-0949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR