

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 011 ***150.00

DOCUMENT # **98000065733**

1. Entity Name

Florida Wetlands Stewardship Group, Inc.

Principal Place of Business

Mailing Address

**4353 Michigan Link
 Fort Myers, FL 33916**

**4353 Michigan Link
 Fort Myers, FL 33916**

553640

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

65-0852945

Not Applicable

Zip

Country

Zip

Country

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

**Carruthan, John
 4353 Michigan Link
 Fort Myers, FL 33916**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

4-24-01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!!

After MAY 1, 2001

Make Check Payable to Department of State

FEES: \$150.00

Fee will be \$550.00

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	V STD	☐ Delete
NAME	Mr. Intesh, David	
STREET ADDRESS	251 Royal Palm Way Ste 602	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	PD	☐ Delete
NAME	Olson, II, Edward Charles	
STREET ADDRESS	251 Royal Palm Way Ste #602	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	PST	☐ Delete
NAME	Carruthan, John	
STREET ADDRESS	4353 Michigan Link	
CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Reg. Agent	☐ Change ☒ Addition
NAME	Scott, Steven M.	
STREET ADDRESS	810 Saturn St. Suite #16	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	Reg. Agent	☐ Change ☒ Addition
NAME	Nick Easterling	
STREET ADDRESS	4353 Michigan Link	
CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(l), 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

4/24/01

DATE

CR2E034 (11/00)