

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90028 003 ***150.00

0406455
 AV

DOCUMENT # P98000065733

1. Entity Name

FLORIDA WETLANDS STEWARDSHIP GROUP, INC.

Principal Place of Business

**4353 MICHIGAN LINK
 FORT MYERS FL 33916**

Mailing Address

**4353 MICHIGAN LINK
 FORT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III
 1114 NO PENINSULA AVE
 FORT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name **Cauthen, John**

Street Address (P.O. Box Number is Not Acceptable)

4353 Michigan Link

City

Fort Myers,

FL

Zip Code

33916

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **PST** ☐ Delete
 NAME **CAUTHEN, JOHN**
 STREET ADDRESS **4383 MICHIGAN LINK**
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **RA** ☒ Delete
 NAME **COLEMAN, JOHN**
 STREET ADDRESS **2300 MICHIGAN BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **RA** ☐ Delete
 NAME **SCOTT, STEVEN M**
 STREET ADDRESS **810 SATURN ST STE 16**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **RA** ☐ Delete
 NAME **EASTERLIN, NICK**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSTD** ☐ Change ☒ Addition
 NAME **McIntosh, David**
 STREET ADDRESS **251 Royal Palmway Ste. 602**
 CITY-ST-ZIP **Palm Beach, FL. 33480**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Olson II, Edward Charles**
 STREET ADDRESS **251 Royal Palmway Ste. 602**
 CITY-ST-ZIP **Palm Beach, FL. 33480**

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

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)(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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)