2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 05, 2003 8:00 am
Secretary of State
04-17-2003 90150 049 ***150.00

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

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
CAUTHEN, JOHN
4353 MICHIGAN LINK
FORT MYERS FL 33916

7. Name and Address of New Registered Agent
Name: John Coleman
Street Address (P.O. Box Number is Not Acceptable): 2300 McGregor Blvd
City: Fort Myers, FL | FL | Zip Code: 33901

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

TITLE	PST	☒ Delete
NAME	CAUTHEN, JOHN	
STREET ADDRESS	4383MICHIGAN LINK	
CITY-ST-ZIP	FORT MYERS FL 33916	
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	VSTD	☒ Delete
NAME	MCINTOSH, DAVID	
STREET ADDRESS	251 ROYAL PALM WAY, SUITE 602	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	☒ Delete
NAME	OLSON, II, EDWARD CHARLES	
STREET ADDRESS	251 ROYAL PALM WAY, SUITE 602	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Agent	☐ Change ☐ Addition
NAME	JohnnColeman	
STREET ADDRESS	2300 McGregor BLVD	
CITY-ST-ZIP	Fort Myers, Fl 33901	
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		

CR2E034 (10/02)

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