## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000074381 DOCUMENT #

1. Entity Name

FINK & BERRY BEACH COTTAGES, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90071 048 \*\*\*150.00

						600	22					
Principal Place 2030 MC GREG FORT MYERS I	OR BLVD	S .	2030	ing Address MC GREGOR BLVD T MYERS FL 33901								
2. Principal Place of Business 3. Mailing Address					·	•						
Suite, Apt.	#, etc.		Suite. Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			Ci	City & State			4. F	4. FEI Number <b>65-0861486</b>				plied For Applicable
Zip Country			Ziį	Zip Country						8.75 Additional ee Required		
	6. Name	and Address of	Current Registe	red Agent		T	7. 1	Name and Addres	s of New Rea			<del> </del>
						Name		•				11 E√ €
FINK, MICHAEL G 2263 MAIN STREET					٠	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
FORT MYERS FL 33901												
						City ·	-			FL	Zip Code	)
		ty submits this stat stered agent.	ement for the pu	rpose of changing its	register	ed office or re	gistered ag	ent, or both, in the	State of Floric	ia. I am fan	niliar with, a	and accept
SIGNATURE .	Signature, type	o or printed name of regis	tereo agent and title if a	ppiicable. INOTE	:: Reaistere	ed Agent signature r	equired when re	einstaling)		DATE		
After	r May 1, 20	!! FEE IS \$150 03 Fee will be \$ o Florida Depar	550.00		,			1	ampaign Finar Contribution.	ncing		<b>0</b> May Be to Fees
10.		OFFICE	RS AND DIRECT	ORS	11.		AD	DDITIONS/CHANG	SES TO OFFIC	ERS AND D	IRECTORS	IN 11
TITLE  NAME &  STREET-ADDRESS  CITY-ST-ZIP		CHAEL G CCADO DR. ERS FL 33901		☐ Delete						[	_) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, C 1028 WIL			☐ Delete	TITL NAM STR	E				[	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		. 4	Delete = **	NAM STR	E == == == == == == == == == == == == ==		·		. · . c = [	_ Change <sub>:</sub> =	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				·		(	Change	☐ Addition
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TITLE NAME STREET ADDRESS	•••	-		☐ Delete	TITE - NAM - STR	LE ME LEET ADDRESS				]	Change	Addition
12. I hereby indicated	certify that t	he information sup ort or supplementa	plied with this fili	ng does not qualify fo		Y-ST-ZIP emption stated ature shall have	in Section e the same	119.07(3)(i), Florid legal effect as if n	da Statutes. I fo	urther certify	that the in	nformation or director

of the corporation or the receiver operate and accurate and that my signature shall have the same legal effect as it made under dath, that I am an office of the corporation or the receiver operate by the second 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:

Clark W. Berry 1-14.03 (239) 334-303