

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002291

1. Entity Name

RESIDENTIAL CONCIERGE OF S.W. FLORIDA, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90116 039 ***150.00

Principal Place of Business

Mailing Address

~~1213 SALVIA LANE~~
NAPLES FL 34105

~~1213 SALVIA LANE~~
NAPLES FL 34105-2255

2. Principal Place of Business

3. Mailing Address

3409 PELICAN BLVD
Suite, Apt. #, etc.

3409 PELICAN BLVD
Suite, Apt. #, etc.

CAPE CORAL FL

CAPE CORAL FL

City & State

City & State

Zip
33914

Country
USA

Zip
33914

Country

4. FEI Number

593549592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEROUEN, SHELLY A
1953 COLONIAL BLVD
FT. LAUDERDALE FL 33907

7. Name and Address of New Registered Agent

Name

JEFFREY R. LAMB

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

9415 TAMIANI TRAIL N. #2

City

NAPLES

FL

Zip Code

34108

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)

DATE

4-13-2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT WHEELER, CURT 1213 SALVIA LANE NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPECTOR, JEFF 1213 SALVIA LANE NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHEELER, CURT 3409 PELICAN BLVD CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPECTOR, JEFF 3409 PELICAN BLVD CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

941 994 0303

Date

Daytime Phone #

CR2E034 (9/99)