

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014813

1. Entry Name

Scott Sitherston, et
error Scott W. Sitherston, P.A.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Lee County Schools

3. Mailing Address

501 Keenan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, Florida

Zip

33901

Country

Lee

Zip

33919

Country

Lee

4. FEL Number

65-0898597

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Scott W. Sitherston

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

501 Keenan Ave

City

Ft. Myers**(FL)**

Zip Code

33919

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

Scott W. Sitherston

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when submitting)

4/29/03

DATE

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

President
Scott Sitherston
501 Keenan Ave
Ft. Myers, FL 33919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other fee empowered.

SIGNATURE:

Scott W. Sitherston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/03

Daytime Phone #

FILED

JUN -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

p 6/10

CONDOMINIUM MANAGERS, INC.
853 Vanderbilt Beach Road #203
Naples, FL 34108
(239) 775-6249

June 4, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir:

This letter is to request a waiver of the reinstatement fee for our corporate annual report/uniform business report. The reason we are filing late is due to our 2002 report form was returned to you by the U.S. Postal Service as undeliverable.

Thank you.

Brenda Pederson
Brenda Pederson