2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000045182 **DOCUMENT #**

1. Entity Name

GASPARILLA PROPERTIES, INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90302 025 ***150.00

Principal Place of Business 421 PARK AVE BOCA GRANDE FL 33921 2. Principal Place of Business			Mailing Address PO BOX 1364 BOCA GRANDE FL 33921 3. Mailing Address										1 8 1121 1121
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. F	65-0921060				lied For Applicable	
Zip		Country	Zìp		Coun	itry	5. 0	Certificate of Sta	atus Desired		\$8.75 Fee Rec		ional
	6. Name and	d Address of Current F	Registere	d Agent			7,_N	lame and Addr	ess of New	Registere	d Agent =		~~ ~~ 554.
	•					Name							
	ROBERT A III IL ISLAND CT					Street Addre	ess (P.O. Bo	ox Number is N	lot Acceptab	e)			
BOCA GR	ANDE FL 3342	1				,							
						City					-	Code	
	named entity su tions of registered	bmits this statement for dagent.	r the purp	ose of changing its	register	ed office or reg	gistered age	ent, or both, in t	he State of F	iorida. ∤a	m familiar v	vith, a	nd accept
SIGNATURE								•					
SIGNATURE.	Signature, typed or pri	inted name of registered agent a	and title if app	olicable. (NOT	E: Registere	d Agent signature re	equired when re-	instating)		DATI	E		
		inted name of registered agent a	and title if app	olicable. (NOT	E: Registere	d Agent signature re	equired when re	instating)	•	DATI	E		
.F After	ILE NOW!!! F r May 1, 2003 F	EE IS \$150.00 Fee will be \$550.00		olicable (NOT	E: Registere	d Agent signature re	equired when re	9. Election	Campaign F	inancing			May Be to Fees
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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:

TRE REGELLERE Melva. IV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #