

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052898

1. Entity Name

FORTRESS REALTY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90264 012 ***158.75

Principal Place of Business

4100 CORPORATE SQUARE
SUITE 129
NAPLES FL 34104

Mailing Address

4100 CORPORATE SQUARE
SUITE 129
NAPLES FL 34104

A0058189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3579735**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORREST, KELLEY
6310 STAR GRASS LANE
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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 re-issuing)

DATE

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, 2001 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 **D** ☐ Delete
NAME **MOURET, MARGARET**
STREET ADDRESS **4100 CORPORATE SQUARE, SUITE 129**
CITY- ST- ZIP **NAPLES FL 34104**

TITLE **D** ☐ Delete
NAME **EHRIE, MARGARET**
STREET ADDRESS **4100 CORPORATE SQUARE, SUITE 129**
CITY- ST- ZIP **NAPLES FL 34104**

TITLE **PVPS** ☐ Delete
NAME **FOREST, KELLEY**
STREET ADDRESS **6910 STAR GRASS LANE**
CITY- ST- ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Kelley Forrest **Kelley Forrest**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01
Date

941-352-4040
Daytime Phone #

CR2E034 (10/00)