

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90444 045 ***150.00

0496599 AV

DOCUMENT # P99000091136

1. Entity Name
PRIME PROPERTIES OF SW FLORIDA, INC.

Principal Place of Business
836 ANCHOR RODE DRIVE
#836
NAPLES FL 34103

Mailing Address
836 ANCHOR RODE DRIVE
#836
NAPLES FL 34103

041200



2. Principal Place of Business
810 Anchor Rode Drive

3. Mailing Address
810 Anchor Rode Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

810

810

City & State

City & State

Naples FL

Naples FL

Zip

Country

Zip

Country

34117

USA

34117

USA

4. FEI Number **59-3604044**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAU, CHRISTINE M
836 ANCHOR RODE DRIVE
NAPLES FL 34103

Name
YEAU, CHRISTINE M
 Street Address (P.O. Box Number is Not Acceptable)
810 Anchor Rode Drive
 City
Naples FL Zip Code
34103

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 Christine M Yea
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **YEAU, THOMAS M**
 CITY-ST-ZIP **1511 13TH ST S.W. NAPLES FL 34117**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DALEY, LEE J**
 CITY-ST-ZIP **313 MEI JEN DRIVE NAPLES FL 34105**

TITLE ☐ Change ☒ Addition
 NAME **D.**
 STREET ADDRESS **Reis, Lisa A**
 CITY-ST-ZIP **6795 Huntington Lakes Circle Naples FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: LISA A. REIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 941-212-7952
 Date Daytime Phone #

CR2E034 (9/01)