2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900097903 1. Entity Name PUNTA GORDA PINES, INC.				FILED 03 APR 25 PM 1: 40	
	e of Business AND AVE SUITE 200 32803	Mailing Address 800 N HIGHLAND AVE SU ORLANDO FL 32803	00 N HIGHLAND AVE SUITE 200		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal P	Place of Business	3. Mailing Address			*
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & Stat	e	City & State			4. FEI Number 59-3612707 Applied For Not Applicable
Zip	Country	Zip	Countr		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7, Name and Address of New Registered Agent
B00 00F	2000 ATT 0504050 OF 05470AL			Name	
B&C CORPORATE SERVICES OF CENTRAL FL., INC 390 NORTH ORANGE AVENUE, SUITE 1100				Street Address	(P.O. Box Number is Not Acceptable)
ORLANDO FL 32801					
				City	FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10.	OFFICERS AND D	HRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	VS			Ţ	☐ Change ☐ Addition
NAME	CARLTON, CHARLES S	000	NAM	1	
STREET ADDRESS CITY-ST-ZIP	800 N. HIGHLAND AVENUE, STE. 200 ORLANDO FL 32803			ET ADDRESS - ST-ZIP	
TITLE	V WILLNER, DAVID M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	l	200	NAMI STRE	ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		CITY	ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KROPP, STEVEN G 800 N. HIGHLAND AVE., STE. 200			ł	☐ Change ☐ Addition 70001857 3287 05/08/0301073008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PEISNER, ERIC 800 N HIGHLAND AVE SUITE 200 ORLANDO FL 32803	☐ Delete	TITLE NAME STREE	-	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Change Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.					

SIGNATURE: