

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90022 025 ***150.00

DOCUMENT # S47451

1. Entity Name
STATESIDE PROPERTIES CORPORATION

Principal Place of Business

**5801 PELICAN BAY BLVD.
 103
 NAPLES FL 34108
 US**

Mailing Address

**5801 PELICAN BAY BLVD.
 103
 NAPLES FL 34108
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0262942**

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

**VOLPE, MICHAEL J. E
 4001 TAMiami TRAIL NORTH
 SUITE 218
 NAPLES FL 34102**

Name
DAVID M. GRUBER, CPA

Street Address (P.O. Box Number is Not Acceptable)
5150 TAMiami TRAIL NORTH, STE 501

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  **DAVID M GRUBER CPA**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 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	DPT	<input type="checkbox"/> Delete
NAME	STEVENS, JOHN H	
STREET ADDRESS	50 SEAGATE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERLET, FRED	
STREET ADDRESS	10 SEAGATE DRIVE NO 2	
CITY-ST-ZIP	NAPLES FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	CERNEY, STEVEN	
STREET ADDRESS	115 FIRST STREET #115	
CITY-ST-ZIP	COLLINGWOOD ON	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENS, ROBERT	
STREET ADDRESS	1091 GALLEON DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VOLPE, MICHAEL J	
STREET ADDRESS	1400 GULF SHORE BLVD NO.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

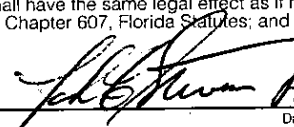
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **APR 25/02 (941) 566-2615**
 Date Daytime Phone #

CR2E034 (9/01)