

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90114 045 ***150.00

DOCUMENT # S60032

1. Entity Name
CALOOSA PROPERTY SALES, INC.



Principal Place of Business
~~8800 SIGNAL RD~~
BONITA SPRINGS FL 34135
US

Mailing Address
~~SUITE 2~~
~~8800 SIGNAL RD~~
BONITA SPRINGS FL 34135
US

30043433



2. Principal Place of Business
8200 Health Center Blvd Suite 101

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0267166**

Applied For
Not Applicable

Zip **Same as above**

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WINER, STEVEN I.
12800 UNIVERSITY DR.
SUITE 600 UNIVERSITY PARK
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

-Name- **Winer Steven I**
Street Address (P.O. Box Number is Not Acceptable)
City **Fort Myers** **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

(NOTE: Registered Agent signature required when reinstating)

1/14/03
DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
NAME **JENKINS, KERRI A.**
STREET ADDRESS **6566 DANIEL CT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 **239949-0200**
Date Daytime Phone #

CR2E034 (10/02)