FILED Aug 27, 2002 8:00 am § Secretary of State

08-27-2002 90116 025 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SEASCAPE DEVELOPMENT OF SOUTH WEST FLORIDA, INC.

S96763

Principal Place of Business Mailing Address 19800 NALLE RD 6027 CORP-CIR N FT MYERS FL 33917 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address



Zip Country		327 Comp (1)	
Tip Country 5. Certificate of Status Desired \$8.75 / Fee Required Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable). Street Address (P.O. Box Number is Not Acceptable).	Suite, Apt. #		
Stroet Address of Name and Address of Current Registered Agent MCCORD, JAMES M. 19800 NALLE RD N FT MYERS FL 33917 City City FL Zip Ct City FL Zip Ct City FL Zip Ct Stroet Address (P.O. Box Number is Not Acceptable) City FL Zip Ct City FL Zip Ct Stroet Address (P.O. Box Number is Not Acceptable) Total Address of New Registered Agent Name Stroet Address (P.O. Box Number is Not Acceptable) City FL Zip Ct City FL Zip Ct City FL Zip Ct Stroet Address (P.O. Box Number is Not Acceptable) Total Address of New Registered Agent City FL Zip Ct City FL Zip Ct City FL Zip Ct Stroet Address (P.O. Box Number is Not Acceptable) Total Address of New Registered Agent City FL Zip Ct City FL Zip Ct City FL Zip Ct Stroet Address (P.O. Box Number is Not Acceptable) Total Address of New Registered Agent City FL Zip Ct City C	City & State	& State 4. FEI Number 65-0302822 Ar	oplied For ot Applicable
MCCORD, JAMES M. 19800-NALLE RD- N FT MYERS FL 33917 City FL Zip Co City FL Zip	Zip	Country 5. Certificate of Status Desired \$8.75 Add	ditional
MCCORD, JAMES M. 19800-NALLE RD - NFT MYERS FL 33917 City FL Zip Cr. City FL Zip Cr. City FL Zip Cr. City FL Zip Cr. 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 the obligations of registered agent. SIGNATURE Bignature typed or privited name or registered agent and title if sopticable. (NOTE Registered Agent) are required when remaining DATE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) After September 13, 2002 Ft will be 5750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19800 NALLE RD N FT MYERS FL 33917 TITLE NAME SIRRET ADDRESS 19800 NALLE RD N FT MYERS FL 33917 TITLE NAME SIRRET ADDRESS CITY-S1-ZIP TITLE NAME SIRRET ADDRESS CIT		ed Agent 7. Name and Address of New Registered Agent	
N FT MYERS FL 33917 City City FL Zip Ct 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Add MCCORD, JAMES SIRETADORESS CITY-ST-ZIP TITLE NAME SIRETADORESS CITY-ST-ZIP CITY-ST-	MCCORD, .	Name	
B. 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 colligations of registered agent. SIGNATURE Signature: typed or pirited name of registered agent and title if applicable.	19800-NAL	Street Address (1.3. Box Nutriber is Not Acceptable)	·
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Product of Product of Printed Name of Progress of Printed Name of	N FT MYER		
SIGNATURE Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent to revolute of when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. Add After September 13, 2002 Fe will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TRUST Fund Contribution. Change MAKE STREET ADDRESS 19800 NALLE RD STREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP	the obligation		and accept
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: