## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2002 8:00 am **Secretary of State DOCUMENT #** V09936 Entity Name 03-31-2002 90355 010 \*\*\*150.00 SARASOTA SEVENTEENTH INVESTMENTS, INC Principal Place of Business Mailing Address 6700-1 DANIELS PARKWAY 6700-1 DANIELS PARKWAY FORT MYERS FL 33912 FORT MYERS FL 33912 Principal Place of Business BSID Grant Mailing Address Suite, Apt. #: etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0387816 Muens Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUNG STATE **BUNDSCHU. CHRIS** Street Address (P.O. Box Number is Not Acceptable) 6700-1 DANIELS PARKWAY FORT MYERS FL 33912 The above named entit sulpmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. lades G Bundochi In SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State <del>jī1.</del> OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. finte : (9/01) Delete TITLE Change NAME BUNDSCHU, CHRIS NAME charles Ci Bund STREET ADORESS 6700-1 DANIELS PARKWAY STREET ADDRESS **CR2E034** CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUNDSCHU, CHARLES C JR NAME ISTREET AODRESS 8510 GRANITE CT. STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET AUURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mm F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 wit SIGNATURE: