2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

S09798 DOCUMENT

1. Entity Name

500 ISLAND TOWER ASSOCIATES, INC.



Principal Place of Business Mailing Address 606 BALD EAGLE DR., SUITE 500 606 BALD EAGLE DR., SUITE 500 P.O. BOX 1 P.O. BOX 1 MARCO ISLAND FL 34146 MARCO ISLAND FL 34146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 65-0225580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, MARK J. Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRL N **STE 200** NAPLES FL 34103 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete WOODWARD, MARK J NAME NAME STREET ADDRESS 3200 TAMIAMI TRL N STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE DP WOODWARD, CRAIG R NAME NAME STREET ADDRESS STREET ADDRESS 606 BALD EAGLE DR. #500 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-7!P ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME PIRES, ANTHONY J STREET ADDRESS STREET ADDRESS 3200 TAMIAMI TRL CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Change Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP.

12. I hereby certify that the information supplied with this filling 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.

FILED

04-14-2003 90066 046 ***150.00

Apr 14, 2003 8:00 am § Secretary of State

SIGNATURE AND TYPED OR PRINTED

OF SIGNING OFFICER OR DIRECTOR