## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2000 8:00 am Secretary of State **DOCUMENT # 673632** 1. Entity Name JOHN BOOTON, INC. 04-29-2000 90155 001 \*\*\*\*75.00 04-29-2000 90155 002 \*\*\*\*75.00 Principal Place of Business Mailing Address 3724 DR MARTIN LUTHER KIND BLVD 3515 EDISON AVE FT MYERS FL 33916-4701 11078 FT. MYERS FL 33916 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2000071 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOCHT, RONALD Street Address (P.O. Box Number is Not Acceptable) 3724 DR MAR LUTHER KING BLD FT. MYERS FL 33916 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE FOCHT, RONALD D. NAME NAME STREET ADDRESS 3724 DR MAR LUT KING BLD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Addition **VPS** Delete TITLE FOCHT, DEBORAH L. NAME NAME 3724 DR MAR LUT KIND BLD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

94/334-759 Daytime Phone #