2003 NOT-FOR-PROFIT CORPORATION

| U | JNIFORM BUSINI | ESS REPOR | T (UBR) | Jan 21, 2 | 2003 8:00 am |
|--|--|---|--|---|--|
| DOC 1. Entity N | UMENT # 755717 | | | Secretary of State 01-21-2003 90089 017 ****61.25 | |
| 1 116 | | Mailing Address 501 GOODLETTE RD N 210 NAPLES FL 34102 US | | | |
| 0 District 01 70 1 | | 3. Mailing Address | | CHECK HERE IF MAKING CHANGES | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & Si | tate | City & State | | 4. FEI Number 59-2070580 | Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New R | |
| 3550 TANAPLES | LO, JOHN P. AMIAMI TRAIL E. 5 FL 33962 ve named entity submits this statement for ations of registered agent. | the purpose of changing its | City | s (P.O. Box Number is Not Acceptable | Zip Code |
| SIGNATURE | Signature, typed or printed name of registered agent ar | | E: Registered Agent signature requir | red when reinstating) | DATE |
| FILE NOW: FEE IS \$61.25 | | 9. Election Car Trust Fund C | mpaign Financing Contribution. | \$5.00 May Be Added to Fees Florid | re Check Payable to a Department of State |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAPLES FL 34109 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 14 | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ONEILL, WM R 5551 RIDGEWOOD DRIVE STE 201 NAPLES FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | عدسرون والإعداد الإعداد | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LELONEK, JOY 7024 PELICAN BAY BLVD NAPLES FL 34108 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CLARK, ERROL III 5811 PELICAN BAY BLVD STE 102 NAPLES FL 34109 | Delete | STREET ADDRESS 604 | both Eagle Ur mestsland FL 3 | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | SD CORBIN, SHELLY GLASIER 4851 TAMIAMI TRAIL STE 100 NAPLES FL 34103 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | . Change Addition |

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 617, 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:

239-263-8242