2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # G94621 1. Entity Name WEST COAST DEVELOPMENT CORPORATION OF NAPLES, IN 03-20-2000 90010 008 ***150.00 Mailing Address Principal Place of Business 1361 AIRPORT ROAD NORTH 1361 AIRPORT ROAD NORTH NAPLES FL 34104-3315 NAPLES FL 33942 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1100 Commercial Blvd. #118 ऐंग्रे िश्रामmercial Blvd. #118 Applied For 4. FEI Number Nables FL 34104 59-2406106 Not Applicable FL 34104 تونان Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARNOLD, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 1361 AIRPORT ROAD NORTH 1100 Commercial Blvd. #118 NORTH NAPLES FL 33942 Naples FL 34104 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PTD ☐ Addition TITLE ☐ Delete TITLE VETTER, RICHARD NAME NAME 1100 Commercial Blvd. #118 1361 AIRPORT ROAD NORTH STREET ADDRESS STREET ADDRESS Naples FL 34104 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 33942 VSD Change ☐ Addition Delete TITLE TITLE ARNOLD, DONALD NAME NAME 1100 Commercial Blvd. #118 1361 AIRPORT ROAD NORTH STREET ADDRESS STREET ADDRESS Naples FL 34104 CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 impowered.

CITY-ST-ZIP

CITY-ST-ZIP