2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36345

1. Entity Name
CIRCLE RADIATOR OF FORT MYERS INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90078 030 ***550.00

Principal Place of Business	Mailing Address
4820 PALM BCH BLVD FT. MYERS FL 33905 US	4820 PALM BCH BLVD FT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2135 SE 19 TH PLACE	2135 SE 19TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL.	City & State: CAPE CORAL, FL
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. FEI Number 65-0160837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'DAY, ANTHONY 1925 SE 21 TERR CAPE CORAL FL 33990	Name: Street Address (P.O. Box Number is Not Acceptable): 2135 S.E. 19 TH PLACE City: CAPE CORAL FL Zip Code: 33990

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 ______________ 7-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST O'DAY ANTHONY 1925 SE 21 ST TERRACE CAPE CORAL FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2135 S.E. 19TH PLACE CAPE CORAL, FL. 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'DAY, DONNA 1925 SE 21ST TERR CAPE CORAL FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2135 SE. 19TH PLACE CAPE CORAL, FL. 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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.

SIGNATURE: ANTHONY S. O'DAY 7-10-00 (941) 458-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/00)