2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2001 8:00 am Secretary of State DOCUMENT # L60076 05-23-2001 91169 006 ***150.00 June Pekol Realty, Inc. Mailing Address Precipal Place of Business 771295 Principal Place of Business 15470 Kilbirnie Drive 3. Mailing Address 15470 Kilbirrie Drive Suite, Apt. F, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Fort Myers, FL 65-0256178 <u>Fort Myers, FL</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 33912 USA 33912 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name June Pekol Street Address (P.O. Box Number is Not Acceptable) 15470 Kilbirnie Drive City FL ^Ⴭჼϼϟჼჽ Fort Myers, 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. DATE (NOTi Registered Agent sk; nature required when reinstating) Lignature, 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, 20 1 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 Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete 1/TLE TITLE June Pekol NAME MAME STREET ADDRESS 15470 Kilbirnie Drive TREET ADDRESS CITY-ST-ZIP DITY - ST-7IP Fort Myers, FL 33912 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete~ NAME STREET ADDRE: S STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Addition Change THE ☐ Delete 'ITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ /\ddition Change ☐ Delete TITLE TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

13. Thereby 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 if y signature shall have the same legal effect as if made under eath; that I am an officer or director

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER : R DIRECTOR

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block. 12 if