2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **L84208** 1. Entity Name MEYER-MANZ REAL ESTATE, INC. 05-16-2000 90102 033 ***150.00 Mailing Address Principal Place of Business C01955 IMPERIAL GC BLVD 1955 IMPERIAL GC BLVD NAPLES FL 34110 NAPLES FL 34110-8139 US HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0204416 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANZ, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 1955 IMPERIAL G C BLVD NAPLES FL 34110 Zip Code FL 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE MEYER-MANZ, VICKIE NAME NAME STREET ADDRESS STREET ADDRESS 1955 IMPERIAL G.C. BLVD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 STD ☐ Change ☐ Addition TITI F ☐ Delete TITLE MANZ, JEFFREY H. NAME NAME STREET ADDRESS STREET ADDRESS 1955 IMPERIAL G. C. BLVD CITY-ST-7/P CITY-ST-ZIP NAPLES FL 34110 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-20.00