## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # L84208 1. Entity Name 05-13-2002 90175 020 \*\*\*150.00 MEYER-MANZ REAL ESTATE, INC. Principal Place of Business Mailing Address 1955 IMPERIAL GC BLVD 1955 IMPERIAL GC BLVD NAPLES FL 34110 NAPLES FL 34110 HS 2. Principal Place of Business 3. Mailing Address 27567 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0204416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANZ, JEFFREY H. 1955 IMPERIAL G C BLVD NAPLES FL 34110 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURI DATE (NOTE: Registered Agent signature required when reinstating) applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. Delete TITLE TITLE MEYER-MANZ, VICKIE NAME NAME 27567 Grove Rd Bonita Springs, FL 34135 1955 IMPERIAL G.C. BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME MANZ, JEFFREY H. STREET ADDRESS 1955 IMPERIAL G. C. BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

| Signature AND TypeD OR PRIVIEW NAME OF SIGNING OFFICER OR DIRECTOR