2003 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED Mar 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) M95457 DOCUMENT # 1. Entity Name 03-21-2003 90118 038 ***150.00 ASSOCIATES & RICHARD E. CLARE, INC. Principal Place of Business Mailing Address 14801 PARK LAKE DRIVE P.O. BOX 08130 **APT 206** FORT MYERS FL 33908 FORT MYERS FL 33919 HS 2. Principal Place of Business 3. Mailing Address 8730 ROSE 1.0. BOX 0743C Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For FORT 65-0069728 Not Applicable Zip Country 33919-7220 5. Certificate of Status Desired \$8.75 Additional USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARE, RICHARD E 14801 PARK LAKE DR APT-208-FORT MYERS FL 33919 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. I am familiar with, and accept SIGNATURE 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition CLARE, RICHARD E NAME CLARE, RICHARD E NAME 8730 ROSE CT, #P-1 14801 PARK LAKE DRIVE, #206_ STREET ADDRESS STREET ADDRESS CITY-ST-7/P FORT MYERS FL 33919 CITY-ST-ZIP FORT MYERS, FL - 33919-7220 VS TITLE Delete TITLE Change ☐ Addition NAME CLARE, JANE E CLARE, TANE E. NAME 8730 ROSE CT, # P-1 14801 PARK LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 FORT MYERS, FL-33919-7220 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 changed, or on an attachment with an address, with all other transfer of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporatio