FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 03, 2001 8:00 am Secretary of State DOCUMENT # N96000004690 1. Entity Name 05-03-2001 90977 013 ****61.25 SHERWOOD II, INC. Principal Place of Business Mailing Address 2338 TOMAKOLEE RD 10621 AIRPORT ROAD PMB #109 STE 1 NAPLES FL 34109 NAPELS FL 34110 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0695128 Not Applicable Zip Country Zip Country \$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 SIESKY, JAMES H GPM1 11314 SUNRAY DRIVE **BONITA SPRINGS FL 34135** 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GODE, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 5475 SHIRLEY ST. #2 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HARDY, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 10621 AIRPORT ROAD STE 1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL. 🗶 Addition Delete TITLE TITLE KATHU WHITE KELLEY, JANET NAME NAME 3096 TAMIAMI TR NO STREET ADDRESS 4500 EXECUTIVE DR STE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAPLES FL 34103 NAPLES FL 34119 Change ■ Addition TITLE ☐ Delete TITLE NAME HENRY, LARRY NAME STREET ADDRESS STREET ADDRESS 170 ROBINHOOD CR #102 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete ☐ Change ☐ Addition MEISNER, EDWARD NAME NAME STREET ADDRESS 290 ROBINHOOD CR. #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 TITLE ☐ Delete TITLE Change ☐ Addition

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 mat 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 feart as required by Chapter 617 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like important as required by Chapter 617 Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS
CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 41) 262 SOS1
Date Daytime Phone #