2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P9300003408 PLACE IN THE SUN OF S.W. FLORIDA, INC. 01-31-2001 90027 045 ***150.00 Principal Place of Business Mailing Address 2670 S MCCALL RD 2670 S MCCALL RD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0382897 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THREADGOLD, STUART Street Address (P.O. Box Number is Not Acceptable) 2670 S MCCALL RD UNIT B ENGLEWOOD FL 34224 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 (NQTE: 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, 2001 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 Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Addition TITLE ☐ Delete THREADGOLD, STUART NAME NAME 2670 S. MCCALL RD, #12 STREET ADDRESS 824 ROTONDA CIR STREET ADDRESS CITY-ST-ZIP **ROTONDA WEST FL** CITY-ST-ZIP ENGLEWOOD FL. 34224 ☐ Addition ☐ Delete Change TITLE TITLE THREADGOLD, CHRISTINE 26705. Mc Cau RD #12 NAME 824 ROTONDA CIR STREET ADDRESS STREET ADDRESS ENGLEWOOD E. 34224 CITY-ST-ZIP ROTONDA W FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE Chysha Thursyll. CHEISTING THEOMS GOLD 0/24/01 941. 475.3714

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

72E034 (10/00)

□ Change

☐ Addition