2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9400050069** May 10, 2000 8:00 am Secretary of State UTOPIA COMMERCIAL REALTY, INC. 05-10-2000 90122 025 ***150.00 Principal Place of Business Mailing Address 223 DUNCAN ROAD 223 DUNCAN ROAD **PUNTA GORDA FL 33982** PUNTA GORDA FL 33982-8426 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0512430 Not Applicable Country 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 Name ALLARD, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 223 DUNCAN ROAD **PUNTA GORDA FL 33982** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X. Change ☐ Addition Delete TITLE TITLE ALLARD, WILLIAM E Allard, Karol K. NAME NAME 223 DUNCAN ROAD STREET ADDRESS STREET ADDRESS 223 Duncan Road CITY-ST-ZIP **PUNTA GORDA FL 33982-8426** CITY-ST-ZIP 33982-8246 Punta Gorda, FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Deléte ' ' * TITLE NAME NAME STREET ADDRESS

13. Thereby 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS