2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000023571 Mar 16, 2000 8:00 am Secretary of State JOANNE CHARD, P.A., C.P.A. 03-16-2000 90085 001 ***150.00 Principal Place of Business Mailing Address 2069 FIRST STREET 2069 FIRST STREET SUITE 301 SUITE 301 FT. MYERS FL 33901-3052 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0568594 Not Applicable Zip 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 CHARD, JOANNE C Street Address (P.O. Box Number is Not Acceptable) 5713 SANDPIPER PLACE FT. MYERS FL 33919 Zip Code City FI 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 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 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, 2000 Fee will be \$550.00 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. ☐ Change Addition TÜLF Defete TITI F CHARD, JOANNE NAME NAME 5713 SANDPIPER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE FT. MYERS FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 City-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete 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 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1 T.: ST-ZIP CITY-ST-ZIP i3. Thereby 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 path; that I am an officer or director of the corporation or the receiver or youstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, provided by the provided by