6/01

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State P97000098011 DOCUMENT # 1. Entity Name 04-02-2002 90907 015 ***150.00 BRIDGE PLAZA RATLIFF, INC. Principal Place of Business Mailing Address 2340 PERWINKLE WAY 2340 PERWINKLE WAY SUITE 1-2 SUITE 1-2 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 2. Principal Place of Business 3. Mailing Address 730 Birdie View Point P.O. Box. 566. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0796004 Not Applicable Sanibel, Sanibel. Country Country \$8.75 Additional 5. Certificate of Status Desired 33957 USA 33957 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RATLIFF, ROBERT L III Street Address (P.O. Box Number is Not Acceptable) 730 Birdie View Point 2340 PERWINKLE WAY SUITE 1-2 SANIBEL ISLAND FL 33957 City Sanibel, FL Zip Code 33957 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box 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. PSTD Change : ☐ Addition PSTD ☐ Delete TITLE TITLE Ratliff, Robert Lee III NAME NAME RATLIFF, ROBERT L III STREET ADDRESS 2340 PERWINKLE WAY, SUITE 1-2 STREET ADDRESS 730 Birdie View Point SANIBEL ISLAND FL 33957 CITY-ST-ZIP CITY-ST-ZIP Sanibel, FL 33957 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 Addition TITLE ☐ Delete TITLE ☐ Change 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.

Robert Lee Ratliff III

SIGNATURE:

Date

Daytime Phone #