FILED Mar 20, 2000 8:00 am **Secretary of State**

03-20-2000 90015 005 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000029440 1. Entity Name FORTUNE 2000 MANAGEMENT, INC. Principal Place of Business Mailing Address 4001 TAMIAMI TR N. STE 265 4001 TAMIAMI TR N. STE 265 NAPLES FL 34103 NAPLES FL 34103-8733 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3518469 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EURO-AMERICAN CONSULTING, INC. Street Address (P.O. Box Number is Not Acceptable)

Fee Required 7. Name and Address of New Registered Agent ---4001 TAMIAMI TR N, STE 265 NAPLES FL 34103 Zip Code

(NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

(See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSP ☐ Change ★ Addition PTD ☐ Delete TITLE TITLE Gerd Hansen ROTERMUND, ULLI NAME NAME 4001 Tamiami Trail N., # 265 STREET ADDRESS 4001 TAMIAMI TR N, STE 265 STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 VSP ☐ Change XI Addition ☐ Delete TITLE TITLE Filthaut, Rainer 4001 Tamiami Trail N., # 265 HINRICHSEN ROTERMUND, JUTTA NAME STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TR N. STE 265 Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIE NAPLES FL 34103 ☐ Change K Addition ☐ Delete TITLE VSP Orthmann, Richard 4001 Tamiami Trail N., # NAME NAME 265 STREET ADDRESS STREET ADDRESS Naples, FL 34103 CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: _