2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000077244 ADLEY INVESTMENT CORP. 03-15-2000 90079 024 ***158.75 Mailing Address Principal Place of Business 4830 HIGEL AVE 4830 HIGEL AVE **SARASOTA FL 34242-1403** SARASOTA FL 34242 CODDICE 3. Mailing Address 2. Principal Place of Business OCEAN BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 358 Applied For City & State 4. FEI Number Not Applicable Country Zip 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 LUZIER, THOMAS B Street Address (P.O. Box Number is Not Acceptable) 3400 S TAMIAM! TR SARASOTA FL 34239 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 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. \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 11. 12. ☐ Addition TITLE Change TITLE ☐ Delete ADLEY, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 4830 HIGEL AVE CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 officer like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/10/2000

941-320-7390

Daytime Phone #

☐ Change

☐ Addition