## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P96000022826 SYGNUS GROUP OF SOUTHWEST FLORIDA, INC. 02-13-2001 90049 011 \*\*\*150.00 Principal Place of Business Mailing Address 6101 GULF OF MEXICO DRIVE 6101 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 C0020590 2. Principal Place of Business 3. Mailing Address 309 P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0650055 BRADENTON BEACH FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34217 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAJMY, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 1205 MANTTEE AVENUE WEST **BRADENTON FL 34205** 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition SWAN, HARRY C NAME NAME STREET ADDRESS 6101 GULF OF MEXICO DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete ☐ Change ☐ Addition NAME SWAN, DONNA J NAME STREET ADDRESS 6101 GULF OF MEXICO DR. STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME CUNNINGHAM, KATHRYN M NAME STREET ADDRESS 245 CHESTNUT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH EAST PA 16428 TITLE Change ☐ Addition TITLE □ Delete SWAN, JR, DONNA J NAME NAME STREET ADDRESS 2239 KENMORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEMOS MI 48864 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 All other like empowered. thwest Florida, Inc. Sygnus

TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)383-5803

Daytime Phone #