2001 UNIFORM BUSINESS REPORT (UBR)

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EAND TYPED OR PRINTED NAME OF SIGNING OF

ICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P9700064091 1. Entity Name SHANNON DEVELOPMENT COMPANY, INC. 05-07-2001 90053 032 ***150.00 Mailing Address Principal Place of Business 1150 CENTRAL AVE. 1150 CENTRAL AVE. NAPLES FL 34102 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0784474 City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEMAN, KEVIN G Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRL., N., STE. 300 NAPLES FL 34103 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE MURPHY, JAMES T NAME NAME STREET ADDRESS STREET ADDRESS 1150 CENTRAL AVE. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition ☐ Change **PVST** ☐ Delete TITLE TITLE NAME MURPHY, JAMES T NAME STREET ADDRESS 1150 CENTRAL AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive or truetee empowered to execute his epop as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if e or trustee empowered to execute with an address, with all other like e