2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 314421** Jan 14, 2000 8:00 am 1. Entity Name Secretary of State KEIM ASSOCIATES, INC. 01-14-2000 90017 001 ***150.00 Principal Place of Business Mailing Address 802 S.E. 47TH TERRACE 802 S.E. 47TH TERRACE CAPE CORAL FL 33904-9003 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1200351 Not Applicable Zip Country 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 AYERS, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 3536 SE 18 AVE. CAPE CORAL FL 33904 Zip Code City 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Delete TITLE TITLE AYERS, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS **3536 SE 18 AVENUE** CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition ☐ Change ٧D ☐ Delete TITLE TITLE NAME STORY, JANE NAME STREET ADDRESS STREET ADDRESS 5708 FLAMINGO DR. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change Addition TITLE ☐ Delete TITLE . . . LETENDRE, GLORIA G. NAME STREET ADDRESS STREET ADDRESS 480 NE 3RD PLACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete ☐ Change Addition TITLE BARZO, SUSAN NAME 5122 GLADE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 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

13. I hereby certify that the information supplied with this filling 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 life empowered.

SIGNATURE:

Short & lyus Prosano

16/00 (941) 542 410

Daytime Phone #