2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 391742** 1. Entity Name TRAFFORD PINE ESTATE, INC. 04-05-2001 90452 025 ***158.75 Principal Place of Business Mailing Address 1111 N. 11TH STREET 1111 N. 11TH STREET IMMOKALEE FL 33934 IMMOKALEE FL 34142 2. Principal Place of Business 3. Mailing Address 3256 STURGEDN BAY CT. 3256 STURGEON BAYICT, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NAPLES City & State 4. FEI Number 59-1429941 FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4*17*0 Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICK \boldsymbol{A} . DICK, ROGER A. BAY 1111 N. 11TH STREET IMMOKALEE FL 33934 registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE Dick, ROGER A. DICK, ROGER A NAME NAME STURGEON BAY CT. 1111 N. 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IMMOKALEE FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition