2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 531974

Entity Name: PUNTA GORDA ISLES SALES, INC.

Current Principal Place of Business:

1625 WEST MARION AVENUE
STE 1
PUNTA GORDA, FL 339505276

New Principal Place of Business:

Current Mailing Address:

1625 WEST MARION AVENUE
PUNTA GORDA, FL 339505276

New Mailing Address:

FEI Number: 59-1745266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JAMES E III
1625 W. MARION AVE.
STE. 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MOORE, JAMES E III
1107 W. MARION AVE.
STE. 112
PUNTA GORDA, FL 33950 US

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: _____ 04/29/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHIFFER, LAURENCE A
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

Title: SD ( ) Delete
Name: LOVE, ANDREW S JR.
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

Title: AST ( ) Delete
Name: CLEMENT, GLORIA
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

Title: AT ( ) Delete
Name: KOVARIK, ANNETTE
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AST (X) Change ( ) Addition
Name: CLEMENT, GLORIA D
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

Title: AT (X) Change ( ) Addition
Name: KOVARIK, ANNETTE M
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE A. SCHIFFER PRES 04/29/2003
Electronic Signature of Signing Officer or Director — Date