2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550700 Feb 04, 2000 8:00 am Secretary of State H & L OF MARCO ISLAND, INC. 02-04-2000 90042 027 ***150.00 Mailing Address Principal Place of Business 722 E. ELKCAM CIR P O BOX 902 MARCO ISLAND FL 34146-0902 MARCO ISLAND FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1768060 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE, P. BROOKE Street Address (P.O. Box Number is Not Acceptable) 15683 JAMAICA CT MARCO ISLAND FL 34145 Zip Code 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) DATE 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. 12. ☐ Addition Delete TITLE TITLE LAWRENCE, BARBARA A. NAME NAME 8009 KilKenny Ct. Naples, FL 34113 STREET ADDRESS 1583 JAMAICA CT. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL Change Change Addition ☐ Delete TITLE 8009 Kilkenny Ct. Napies, FL 34113 LAWRENCE, P BROOKE NAME STREET ADDRESS 1583 JAMAICA CT. STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP CITY-ST-ZIP _ Change ___ Addition TITLE _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

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 attachnien with all other tike empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIE