2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90037 045 ***150.00 DOCUMENT # 646645 1. Entity Name MATHES REALTY, INC. Principal Place of Business Mailing Address P.O. BOX 526 27890 OLD 41 RD **BONITA SPRINGS FL 34133** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1982552 \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BATCHELOR, DAN E. Street Address (P.O. Box Number is Not Acceptable) OLD U.S. 41 AND SIXTH ST. BONITA SPRINGS FL 33923 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. SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11湖南 OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change ☐ Delete TITLE MATHES, JOHN B. NAME NAME OLD US 41, P.O. BOX 526 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-\$T-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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

TITLE

NAME STREET ADDRESS

SIGNATURE:

11.

TITLE

STREET ADDRESS

JOHNB. MATHES

☐ Delete

PRES.

☐ Change

☐ Addition