2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2003 8:00 am Secretary of State 675317 **DOCUMENT #** 04-28-2003 90319 020 ***150.00 1. Entity Name STRUCTURES OF LEE COUNTY, INC. Principal Place of Business Mailing Address 4444 HANCOCK BRIDGE PKWY 1625 SILVERWOOD CT NORTH FT MYERS FL 33903 NORTH FT MYERS FL 33903-1650 2. Principal Place of Business 3. Mailing Address 2041 W. F<u>irst St</u> 2041 W. First St. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2008513 Not Applicable Fort Myers, Fort Myers, Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33901 33901 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James-W. Ink-INK, STANLEY K Street Address (P.O. Box Number is Not Acceptable) 2041 W. First St. 1625 SILVERWOOD CT N FT MYERS FL FL 33903 City Fort Myers 8. The above named cauty suit surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered as James M. Ink April 24, 2003 SIGNATURE (NOTE: Registered Agent signature required when reinstating) plicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State J OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete INK, STANLEY K NAME NAME 1625 SILVERWOOD CT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIF TITLE VD ☐ Delete TITLE Change ☐ Addition NAME INK, JAMES M NAME 15100 SWEETWATER CT 2041 W. First St. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33901 TITLE Delete TITLE ☐ Change Addition NAME ink. Edith W 1625 SILVERWOOD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. FORT MYERS FL 33903 CITY-ST-7IP TITI F TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition JITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

2003