2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # F59151** 1. Entity Name VAYO NESBIT REAL ESTATE, INC. 05-04-2000 90104 046 ***150.00 Principal Place of Business Mailing Address 7205 ESTERO BLVD. 7205 ESTERO BLVD. P O BOX 107 P O BOX 107 FT. MYERS BCH. FL 33931-1281 FT. MYERS BCH. FL 33931 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1730368 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>NESBIT, KATHERINE</u> VAYO, RODNEY J. Street Address (P.O. Box Number is Not Acceptable) STERU BLVD. #206 7964 ESTERO BLVD. FT. MYERS BCH. FL 33931 FT. MYERS BEACH, FL 33931 Zip Code 33931 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE VAYO, RODNEY J. NAME NAME STREET ADDRESS 7964 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BCH., FL 00000 ☐ Addition X Change Delete TITLE TITLE KATHERINE NESBIT 7700 ESTERO BLVD. #206 NESBIT, KATERINE NAME NAME 228 FARIWEATHER LANE STREET ADDRESS STREET ADDRESS MYERS BEACH, FL CITY-ST-ZIP 33931 CITY-ST-ZIP FT MYERS BCH., FL 00000 ___ Change X Addition Delete TITLE TITLE NAME NESBIT, JEFFREY NAME 15171 CEDARWOOD LANE #3401 NAPLES, FL 34110 ___ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 trusted 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF

☐ Delete

☐ Addition

☐ Change