2000 UNIFORM BUSINËSS REPORT (UBR)

SIGNATURE:

FILED Mar 08, 2000 8:00 am DOCUMENT # G05858 **Secretary of State** THIRTY ONE F.M.S. CORP. 03-08-2000 90015 044 ***150.00 Mailing Address Principal Place of Business 1080 1ST AVENUE NORTH 1080 1ST AVENUE NORTH NAPLES FL 34102-6209 NAPLES FL 34102 110000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2328599 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANIPINTO, FRANK.... Street Address (P.O. Box Number is Not Acceptable) 4313 ROBIN AVENUE NAPLES FL 34104 Zip Code City FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees F(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 PANIPINTO, FRANK NAME STREET ADDRESS STREET ADDRESS 4313 ROBIN AVENUE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME PANIPINTO, CHRISTINE NAME STREET ADDRESS 4313 ROBIN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 by 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 of 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 ther like empowered