FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # G94281 1. Entity Name ABDD OF FLORIDA, INC. 01-20-2000 90100 047 ***150.00 Principal Place of Business Mailing Address 10681 AIRPORT ROAD NORTH 10681 AIRPORT ROAD NORTH SUITE 23 SUITE 23 NAPLES FL 34119-2828 NAPLES FL 33942 DR 3. Mailing Address 2. Principal Place of Business 4980 TAMARINO RIDGE 4980 TAMARINO RIDGE DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State NAPLES City & State 59-2387721 NAPLES Not Applicable 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 DUNALOSON <u>DAV1D</u> DONALDSON, DAVID A Street Address (P.O. Box Number is Not Acceptable) 10681 AIRPORT ROAD NORTH, #23 **STE 23** 4980 TAMARIND RIDGE NAPLES FL 34109 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 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE DONALOSON Α. DONALDSON, DAVID A NAME 4980 TAMARINO RIDGE DR 19681-AIRPORT-ROAD NORTH, #29 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES 34119 CITY-ST-ZIP NAPLES FL 34109 ☐ Delete TITLE ☐ Change Addition TITLE KEGLEY, DONALD NAME NAME 38799 WEST 12 MILE ROAD, #100 STREET ADDRESS STREET ADDRESS **FARMINGTON HILLS MI 48331** CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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. SIGNATURE: