2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive changed, or on an attachmer

SIGNATURE

Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # H72321** 3701 OPERATING CORP. 04-24-2000 90094 020 ***150.00 Principal Place of Business Mailing Address 3701 S. OSPREY AVE. 3701 S. OSPREY AVE. SARASOTA FL 34239 SARASOTA FL 34239-6848 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2592039 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERMAN, F DONALD Street Address (P.O. Box Number is Not Acceptable) 3701 S OSPREY AVENUE SUITE 6 SARASOTA FL 34239 Zip Code 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 DATÉ 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, 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 12. 11. ☐ Addition PS TITLE Change TITLE ☐ Delete HERMAN, F. DONALD NAME NAME 3701 S. OSPREY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARÁSOTA FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITI F ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information indicated on this report or supply turate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

1. 1. 1. 1. ME OF SIGNING OFFICER OR DIRECTOR FILED

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