2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J10307** May 01, 2000 8:00 am Secretary of State 1. Entity Name MITCHELL BROS. OF VENICE, INC. 05-01-2000 90398 036 ***150.00 Principal Place of Business Mailing Address 901 VENETIA BAY BLVD 901 VENETIA BAY BLVD SUITE 300 SUITE 300 VENICE FL 34292-4045 VENICE FL 34292-4044 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2663905 Not Applicable Country \$8.75 Additional Zip Country Zio. 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Name MITCHELL, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 901 VENETIA BAY BLVD SUITE 300 VENICE FL 34292 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPS ☐ Addition Change TITLE TITLE ☐ Delete MITCHELL, RICHARD J. NAME NAME 901 VENETIA BAY BLVD., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** ☐ Addition ☐ Change ☐ Delete TITLE HARNEY, ROBERT D NAME NAME 1880 ORANGEWOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL ☐ Addition TITLE --- Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 suppliemental 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 ecceiver 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 attac all other like empowered

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

ICHARD J. MITCHELL 4-20-00

☐ Change

☐ Addition