## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 27, 2000 8:00 am Secretary of State DOCUMENT # J16206 MCCOLGAN & COMPANY OF FLORIDA 01-27-2000 90073 042 \*\*\*150.00 Principal Place of Business Mailing Address 8895 COLLEGE PKWY 8695 COLLEGE PKWY FT.MYERS FL 33919 00010659FT.MYERS FL 33919-5807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 301 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2694756 Applied For Zip Country Not Applicable Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent MOOREY, THOMAS E 1430 ROYAL PALM SQUARE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 105 FT. MYERS FL 33919 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE. MCCOLGAN, BRIAN F. NAME ☐ Addition NAME STREET ADDRESS 8695 COLLEGE PKWY, 301 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 🗀 عداد عدي م Delete 🕝 TITLE NAME ☐ Change ~ ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change IAME ☐ Addition NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE Delete TITLE ☐ Change AME Addition NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP 3. 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 of supplies pental 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

IGNATURE: