2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90286 021 ***158.75

DOCUMENT # J48784

1. Entity Name

Principal Place of Business
3104 Tamiami Trail N.
Naples, FL. 34103

Mailing Address
157 Little Horse Lane
Lansing, NC. 28643

655637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
157 Little Horse Path
Suite, Apt. #, etc.
City & State: Lansing N.C.
Zip: 28643 | Country: USA

4. FEI Number: 59-2787579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Joe Cox
3001 Tamiami Trail N., 1st Floor
Naples, FL 34103

7. Name and Address of New Registered Agent

Name: Joe Cox
Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail N 1st Floor
City: Naples FL Zip Code: 34103

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: Joe B. Cox — Joe B. Cox — 4-22-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DIRECTOR, PRESIDENT GARY A. SCOTT 157 LITTLE HORSE PATH LANSING NC 28643	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRATARY Merri Scott 157 LITTLE HORSE PATH LANSING NC 28643 ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: G A Scott — GARY A. SCOTT PRESIDENT — 4-22-2000 — 336 384 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #