2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # J66268** 1. Entity Name T. J. MEYER & ASSOC., INC. 04-23-2001 90133 035 ***150.00 Principal Place of Business Mailing Address 169 JOHNNY CAKE DR 169 JOHNNY CAKE DR NAPLES FL 34110 NAPLES FL 34110 HS 3. Mailing Address 2. Principal Place of Business 1581 Black hawk Bluff Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0037008 WI miltor Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 45 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-Kent A. Skilvan MEYER, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 169 JOHNNY CAKE DR NAPLES FL 34110 8. The above named entity submits this state from for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE red agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD Change Addition Addition **PST** 💹 Delete meyer scott T. N581 Black nawle Blaff Or TITLE NAME MEYER, THOMAS J. STREET ADDRESS 169 JOHNNY CAKE DR STREET ADDRESS milton, WE 53563 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 meyer Ramona G 169 Johnny Cake Dr. Addition Change TITLE Delete 🕽 🕽 NAME NAME MEYER, THOMAS J. STREET ADDRESS STREET ADDRESS 169 JOHNNY CAKE DR NAPICS, FL 34110 CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34110 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Scatt T. Mayer Scatt T. Mayer (P) 3/13/c1 608-868-4071 SIGNATURE:

☐ Change

☐ Addition