2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05349 Apr 14, 2000 8:00 am Secretary of State BEAN, WHITAKER, LUTZ & BARNES, INC. 04-14-2000 90008 046 ***150.00 Mailing Address Principal Place of Business 13041 MCGREGOR BLVD STE 1 13041 MCGREGOR BLVD STE 1 FORT MYERS FL 33919 FORT MYERS FL 33919-5936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0021173 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEAN, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 13041 MCGREGOR BLVD FT. MYERS FL 33919 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 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change 2 ☐ Addition Delete TITLE TITLE BEAN, WILLIAM E. NAME NAME 13041-1 McGregor Blud. STREET ADDRESS 13141-8 MCGREGOR BLVD. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE WHITAKER, SCOTT C NAME 13041-1 McGregor Blud. 13141-8 MCGREGOR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP Change D۷ ☐ Addition Delete -TITLE TITLE LUTZ, JOSEPH L. NAME NAME 13041-1 McGregor Blud. 13141-8 MCGREGOR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ▼ Change ☐ Addition ☐ Delete TITLE TITLE FORAN, H. F. NAME NAME 13041-1 McGregor Blud. 13141-8 MCGREGOR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P FT. MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

Pros WILLIAM E. BRAY 4-10-2000