## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State OCUMENT # K40122 ROBERT FLINN RECORDS MANAGEMENT CENTER, INC. 04-17-2000 90030 007 \*\*\*150.00 Mailing Address nincipal Place of Business 3427 PROGRESS AVE. PROGRESS AVE. \_\_\_ FL 34104 NAPLES FL 34104-3643 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0084929 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 Name FLINN, ROBERT N. Street Address (P.O. Box Number is Not Acceptable) 3427 PROGRESS AVENUE NAPLES FL 34104 City Zip Code 2. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/99) Addition Change PD Detete TITLE FLINN, MARCIA M. NAME STREET ADDRESS STREET ADDRESS 3427 PROGRESS AVE. CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34104 TITLE ☐ Change ■ Addition ☐ Delete TITI F FLINN, ROBERT N. NAME NAME STREET ADDRESS STREET ADDRESS 3427 PROGRESS AVE. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/4/00

941-643-232

Daytime Phone #

☐ Change

☐ Addition