2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # K59153 1. Entity Name CORPORATE ENTERPRISES, INC. 05-01-2002 91470 046 ***158.75 Principal Place of Business Mailing Address 222 INDUSTRIAL BLVD. 222 INDUSTRIAL BLVD. NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0093088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYNICE, CHERYL Street Address (P.O. Box Number is Not Acceptable) 1195 SANDPIPER STREET NAPLES FL 34102 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 SIGNATURĘ APRIL 15,2002 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Fax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLÉ ☐ Delete TITLE ☐ Change ☐ Addition DYNICE, CHERYL L NAME 222 INDUSTRIAL BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE **Change** Addition ADOLD, AMRHEIN NAME ADOLF AMRHEIN NAME STREET ADDRESS 222 INDUSTRIAL BLVD. STREET ADDRESS 222 INDUSTRIAL BLUD CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP NAPLES FL 34/02 TITLE Delete TITLE Change Addition NAME WILLIAM COLLINS WILLIAM COLLINS NAME STREET ADDRESS 222 INDUSTRIAL BLVD 222 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP NAPLES FL 34/02 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME 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 I chapter of the corporation of th changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

ER=VQ L. DYWICE APRIL 15, 2002 941-643-6444 ER OR DIRECTOR Date Daytime Phone #

CITY-ST-ZIP