## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # K65532** NI-DER CORPORATION 02-27-2001 90338 034 \*\*\*150.00 Mailing Address Principal Place of Business 3737 BAHIA VISTA ST. 3737 BAHIA VISTA ST. SARASOTA FL 34232 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0099811 Not Applicable \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YODER, MILTON Street Address (P.O. Box Number is Not Acceptable) 3737 BAHIA VISTA ST SARASOTA FL 34232 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NISLEY, ANDREW M. NAME NAME STREET ADDRESS 2535 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL DIVPISIT ☐ Addition TITLE ☐ Delete TITLE NAME YODER, MILTON NAME STREET ADDRESS 3737 BAHIA VISTA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change **Addition** ☐ Delete TITLE TITLE W. WEILER NAME NOAH NAME STREET ADDRESS 55 TATUM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE 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, Elorida 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

SIGNATURE:

CITY-ST-ZIP

MILTON YOUER SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-366-7747