2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # L00309 1. Entity Name 05-07-2002 90377 037 ***150.00 CAPE ASSOCIATES, INC. Principal Place of Business Mailing Address 931 CAPE CORAL PARKWAY 931 CAPE CORAL PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904 211 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 65-0123443 Not Applicable Zip Zip Country Country \$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 Daniel Greene FISHER, LEIGH M. Street Address (P.O. Box Number is Not Acceptable) 931 Cape Coral Parkway 4002 DEL PRADO BLVD. CAPE CORAL FL City Zi33904 Cape Coral 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 19 April 2002 Daniel Greene 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 \$5.00_. May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, ROBERT NAME STREET ADDRESS 4531 S.E. 14TH PLACE STREET ADDRESS CITY-ST-7IP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME GREENE, DANIEL NAME **5239 SARASOTA COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL TITLE Delete_ TITLE Change ☐ Addition NAME GREENE, DORIS NAME STREET ADDRESS STREET ADDRESS **5239 SARASOTA COURT** CITY-ST-ZIP CAPE CORAL FL CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME O'DONNELL, CAROLYN NAME STREET ADDRESS 2815 ELECTRIC ST. STREET ADDRESS CITY-ST-ZIE **DUNMORE PA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 passes 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. Daniel Greene Vice Pres.

SIGNATURE: AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)