2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # L18786** 1. Entity Name LD MARKETING OF NAPLES, INC. 03-21-2000 90052 022 ***150.00 Principal Place of Business Mailing Address 1361 AIRPORT RD NORTH 1361 AIRPORT RD NORTH SUITE D SUITE D NAPLES FL 34104-3315 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address 1100 Commercial Blvd. #118 1100 Commercial Blvd. #118 Naples FL 34104 DO NOT WRITE IN THIS SPACE Naples FL 34104 Applied For City & State City & State 4. FEI Number 65-0211864 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNOLD, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 1361 AIRPORT ROAD N. 1100 Commercial Bivd. #118 NAPLES FL 33942 Naples FL 34104 Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. \Box 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 12. 11. OFFICERS AND DIRECTORS PS ☐ Addition Change Delete TITLE TITLE VETTER, RICHARD NAME NAME 1361 AIRPORT RD NORTH STREET ADDRESS 1100 Commercial Blvd. #118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples FL 34104 VSD Change ☐ Addition ☐ Delete TITLE TITLE ARNOLD, DONALD, L NAME NAME 1361 AIRPORT RD NORTH STREET ADDRESS 1100 Commercial Blvd. #118 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Naples FL-34104 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 7171 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 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.