FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2000 8:00 am OCUMENT # L26166 Secretary of State 02-21-2000 90024 022 ***150.00 COMEAU-CARTER INVESTMENT CORPORATION inicipal Place of Business Mailing Address 2204 MAJESTIC COURT NORTH MAJESTIS COURT NORTH _____7__24110 NAPLES FL 33928-3246-7149293. Mailing Address 2. Principal Place of Business 21409 KNIGHTON Run Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0170549 FLORIDA Not Applicable STERO FLORIDA Estero \$8.75 Additional 5. Certificate of Status Desired 33928 -3248 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMEAU, GERARD J. Street Address (P.O. Box Number is Not Acceptable) -2204-MAJESTIC COURT NORTH* NAPLES FL 34110 ESTERO 3. The above named entity submits this etalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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. Change Delete FITLE COMEAU, GERARD J MAME 21409 KNIGHTON RUN ESTERO, FLORIDA 33428 - 3248 STREET ADDRESS STREET ADDRESS · 2204 MAJESTIC CT. N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE CARTER, ANNE T. NAME STREET ADDRESS STREET ADDRESS LT 26 CONCESSION 10 #718 CITY-ST-ZIP CITY-ST-ZIP ERIN, ONTARIO, CANADA Change Addition Delete TITLE TITLE COMEAU, EMILY J. NAME NAME 21409 KNIGHTON RUN ESTERO, FLORIDA 33928 - 3248 STREET ADDRESS 2204 MAJESTIC CT. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES-EL ☐ Delete TITLE CARTER, DONALD E NAME STREET ADDRESS LT 26 CONCESSION 10 #718 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ERIN, ONTARIO, CANADA ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME 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 tike empowered. BERARD J COMERU FEB 14/00 941-9922633 SIGNATURE: