2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # L30662 1. Entity Name TRI CENTRE, INC. 04-19-2000 90086 041 ***150.00 Principal Place of Business Mailing Address 850 PARK SHORE DRIVE 850 PARK SHORE DRIVE NAPLES FL 34103 NAPLES FL 34103-3587 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0231956 Not Applicable Zip Country Zip Country \$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 LONGE, PARTICK J. Street Address (P.O. Box Number is Not Acceptable) 850 PARK SHORE DRIVE SUITE 203 NAPLES FL 33940 Zip Code City F١ 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. DATE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. SD Delete Change ☐ Addition TITLE TITLE LONGE, PATRICIA J NAME NAME STREET ADDRESS 850 PARK SHORE DR STE 200 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NAPLES FL PD Change ☐ Addition ☐ Delete TITLE TIT! F LONGE, PATRICK J NAME NAME 850 PARK SHORE DR STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition ☐ Delete TITLE LONGE, THOMAS J NAME 850 PARK SHORE DR STE 200 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE TITLE

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 eddress, with all other like empowered.

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CONCIDE AND YORD OR DRIVED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Daytime Phone #