2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # L31361** 1. Entity Name DBQ OF NAPLES, INC. 04-22-2000 90058 045 ***150.00 Principal Place of Business Mailing Address 9191 N. TAMIAMI TRAIL 2122 SECOND ST FT MEYERS FL 33901-3013 NAPLES FL 33942 3. Mailing Address 2. Principal Place of Business 12575 S. Cleveland Auc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0157381 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*390*7 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEDEN, PAUL D. Street Address (P.O. Box Number is Not Acceptable) 2122 SECOND ST. FT. MYERS FL 33901 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD ☐ Delete TITLE SAME TITLE PEDEN, PAUL D. NAME 12575 S. Cleveland Ace STREET ADDRESS STREET ADDRESS 2122 SECOND STREET TMYELS F1 83907 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, RONALD JR. NAME NAME 12575 S. Cleveland Aux STREET ADDRESS STREET ADDRESS 2122 SECOND ST. FT Myes F1 33907 CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL ☐ Addition TITLE ☐ Delete TITLE NAME COOK, PETER M NAME 2575 S. Cloveland Ave STREET ADDRESS STREET ADDRESS 7771 CAMERON CIR CITY-ST-ZIP TMYELS FI33907 CITY-ST-ZIP FORT MYERS FL 33912 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P

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 empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR