2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # L34655** 1. Entity Name QUINBY DEVELOPMENT CORPORATION 04-27-2001 90361 008 ***150.00 Principal Place of Business Mailing Address 3800 NORTH AIRPORT ROAD 3785 N AIRPORT RD NAPLES FL 33942 NAPLES FL 34105 DUUJJO4J 2. Principal Place of Business 3. Mailing Address 3765 N.AirpoRt Rd 3765 NAIRPATED DO NOT WRITE IN THIS SPACE らゅってく City & State 4. FEI Number Applied For 65-0160500 Mapks Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Collie ollier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINBY, CLYDE C. 3765 Airport Rd N Suite 201 Street Address (P.O. Box Number is Not Acceptable) -3785-AIRPORT RD NORTH NAPLES FL 34105 NAPles, \$1 34105 Zip Code 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 Signature, typed or printed name of registered agent and title if sup-cable. (NOTE: Registered Agent's gnature required when reinstating) DATE 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition NAME QUINBY, CLYDE C. NAME Suite 201 STREET ADDRESS 3800 N. AIRPORT ROAD 3765 STREE: ADDRESS CITY - ST - 74P CITY-ST-Z:P NAPLES FL THE ☐ Delete TITLE [7] Change ☐ Addition NAME QUINBY, PEARL Suite 201 3765 STREET ADDRESS 2809 N. AIRPORT ROAD STREET ADDRESS. CITY-ST-ZIP CITY-\$T-ZIP NAPLES FL TIT! F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS C'TY-ST-7IP CITY-ST-ZIP 13. Thereby 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, Fiorida 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.