FILED 2003 FOR PROFIT CORPORATION Jan 15, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** L92093 DOCUMENT # 1. Entity Name 01-15-2003 90188 047 ***150.00 BORDNER REAL ESTATE, INC. Principal Place of Business Mailing Address 4836 BONITA BCH RD 4836 BONITA BCH RD SUITE #6 SUITE #6 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 33923 HS HS 2. Principal Place of Business 3. Mailing Address 9220 BONITABEACH KD 9220 BONITA BEACH RD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES MITE City & State City.&-State --4.-FEI Number Applied For 65-0213975 BONITA PRINGS MITA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34135-42*0*5 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORDNER, DONALD B BORDNER, DONALD B Street Address (P.O. Box Number is Not Acceptable) 9220 BONITA BEACH RD 4836 BONITA BEACH RD., SUITE #6 **BONITA SPRINGS FL 34134** Swite Zip Code 34135-4265 SPRINGS 8. The above named entry submits this statemen for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE . ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPS ☐ Delete TITLE Change | ☐ Addition BORDNER, DONALD B NAME NAME BORDNER, DONALD B 4836 BONITA BCH RD..SUITE #6 STREET ADDRESS 9220 BONITH BEACH RO, SUITE 101 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS, FL 34135-4205 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition

12. 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, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: Y

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

239-498-218

Date

Daytime Phone #