2000 UNIFORM BUSINESS REPORT (UBR)

L94000000198 DOCUMENT # 1. Entity Name 00 APR 21 AM 8: 24 PROCRAFT INDUSTRIES, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4226-3 FOWLER ST. 4226-3 FOWLER ST. FORT MYERS FL 33919 FORT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MINM Applied For City & State City & State 4. FEI Number 65-0485155 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 4226-3 FOWLER ST. FORT MYERS FL 33901 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Addition Change MEM TIFLE TITLE MAME LMR 396 CORP NAME 600003242876---9 -05/08/00--01109--002 4226-3 FOWLER ST. STREET ADDRESS STREET ADDRESS CATY- ST- ZIP CITY-\$1-ZIP FORT MYERS FL <u>*****50.00 ****50.00</u> ☐ Change Addition TITLE Ocieta TITLE HAME CSL&G DEVELOPMENT, LTD. KAME STREET ADDRESS % 3591 FOWLER ST. STREET ADDRESS CITY- 87- ZIP CITY- 87- 78P FORT MYERS FL Addition ☐ Delete Change TITLE TITLE MAME NAME LABODA, GERALD STREET ADDRESS % 4226-3 FOWLER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 Change Addition Delete TITLE TITLE MGR MAME Laboda, Bruce MAME STREET ADDRESS STREET ADDRESS % 4226-3 FOWLER ST. CITY- ST- 71P 'Fort Myers FL 33901 ☐ Delete Change Addition TITLE TITLE MGR MAME DAME ROSS. MATTHEW STREET ADDRESS STREET ADDRESS % 4226-3 FOWLER ST. CITY-ST-ZIP FORT MYERS FL 33901 CITY - 2T- 71P Change Addition ☐ Delete TITLE ms RAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

4-19-00 (941) 936.5394 SIGNATURE: SIGNATURE AND DOUBLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119-078)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exempt the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exempt the legal effect as if made under oath; that I am a managing member or manager of the

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