2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # L9700000823... 02-26-2002 90011 048 ****55.00 THREE D OF NAPLES, L.C. Principal Place of Business Mailing Address 2277 TRADE CENTER WAY, STE. 101 2277 TRADE CENTER WAY, STE. 101 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 6635 WILLOW PARK DRIVE 6635 WILLOW PARK DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0773413 FLORIDA FLORSOA IAPles VADILS Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEANGELIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 6635 WILLOW PARK DELVE 2277 TRADE CENTER WAY, STE. 101 NAPLES FL 34109 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Addition ☐ Delete DEANYELIS DIAMOND CONSTRUCTION INC NAME DEANGELIS DIAMOND CONSTRUCTION, INC. NAME 6635 Willow PARK DRIVE STREET ADDRESS STREET ADDRESS 2277 TRADE CENTER WAY, STE. 101 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FLORSOA NAPLES FL 34109 TITLE MEM ☐ Delete TITLE Change ☐ Addition NAME DEANGELIS, RAYMOND P NAME STREET ADDRESS STREET ADDRESS 4229 CUTLASS LN. CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34102 Change TITLE ☐ Delete TITI F ☐ Addition DEANGELIS, ROSEANN NAME NAME STREET ADDRESS STREET ADDRESS 4229 CUTLASS LN. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. 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 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 execute this report as repaired by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED