2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M05677** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** MYERS, BRETTHOLTZ & COMPANY, P.A. 01-28-2000 90165 019 ***150.00 Principal Place of Business Mailing Address 12671 WHITEHALL DRIVE 12671 WHITEHALL DRIVE FT. MYERS FL 33907-3626 FT. MYERS FL 33907-2626 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2445709 Not Applicable \$8.75-Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEN M. BRETTHOLTZ MYERS, RICHARD ALLEN Street Address (P.O. Box Number is Not Acceptable) 12671 WHITEHALL DR FT. MYERS FL 33907 12671 WHITEHALL DR City FORT MYERS 33907 8. The above named entity supplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida STEVEN M. BRETTHOLTZ SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PRESIDENT ☐ Addition Delete TITLE MYERS, RICHARD ALLEN BRETTHOLTZ, STEVEN M NAME NAME 12671 WHITEHALL DR. STREET ADDRESS STREET ADDRESS 12671 WHITEHALL DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 FORT MYERS FL 33907 SECRETARY/TREASURER Change ☐ Addition TITLE Delete TITLE MYERS, RICHARD ALLEN Brettholtz. Steve M NAME NAME STREET ADDRESS 12671 WHITEHALL DR. STREET ADDRESS 12671 WHITEHALL DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 FORT MYERS FL 33907 DST Delete Change ☐ Addition TITLE TITLE LILES, TERRY A NAME NAME STREET ADDRESS 12671 WHITEHALL DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI È ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 opporation or the receiver or furstee 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 empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR