FILED

>2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am **DOCUMENT # M88170 Secretary of State** 1. Entity Name WILKINS, FROHLICH, JONES, HEVIA, RUSSELL & SUTTE 03-23-2001 90027 043 ***150.00 Principal Place of Business Mailing Address 18501 MURDOCK CIRCLE 18501 MURDOCK CIRCLE SIXTH FLOOR SIXTH FLOOR CN037367 PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0057351 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL. W KEVIN Street Address (P.O. Box Number is Not Acceptable) 18501 MURDOCK CIR **6TH FLOOR** PORT CHARLOTTE FL 33948 City 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 applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILKINS, GARY L. NAME NAME 18501 MURDOCK CIRCLE, 6TH CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition FROHLICH, W. CORT NAME NAME RT. 1, BOX 839 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE JONES, PHILLIP J. NAME NAME STREET ADDRESS 1515 LANCO ST. STREET ADDRESS CITY-ST-ZIP PT. CHARLOTTE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SUTTER, BRIAN O NAME NAME 18501 MURDOCK CIRCLE, 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL 33948 VD TITLE Delete TITLE ☐ Change ☐ Addition HEVIA, JESUS NAME NAME STREET ADDRESS 18501 MURDOCK CIRCLE, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL 33948 ☐ Delete ☐ Change TITLE TITLE Addition RUSSELL, W. KEVIN NAME NAME STREET ADDRESS 25439 RANCAGUA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all of er like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/0, 941-625-070

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12. Addition to Officers & Directors in Section 11

Title:

D

Name:

Hanaoka, Louise O.

Address:

18501 Murdock Circle, 6th Floor

Port Charlotte, FL 33948

W. Kevin Russell, Esq.

3/21/0

Date