2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # N18912 1. Entity Name 04-10-2001 90029 036 ****61.25 PALM, N PINE ASSOCIATION, INC. Principal Place of Business Mailing Address 1016 SUPERIOR ST 1016 SUPERIOR ST 60043000 **LOT 108 LOT 108** FT MYERS FL 33916 FT MYERS FL 33916 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D Street Address (P.O. Box Number is Not Acceptable) ROHR, MARY 1016 SUPERIOR STREET, LOT 108 FORT MYERS FL 33916 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete TITLE TITLE SAUER, JAMES D. MCFARLANE, HAROLD NAME NAME 1016 SUPERIOR ST.LOT 47 STREET ADDRESS STREET ADDRESS MYERS, FL- 33916 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL VD Delete ☐ Addition TITLE TITLE PAUL SHADE 1016 SUPERIOR ST-LOT 63 OLIVER, RALPH L NAME NAME STREET ADDRESS 1016 SUPERIOR ST. #2 STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP FT. MYERS FL TITLE Delete TITLE Addition NAME PEPPLER, VERDA ST- LOT 108 STREET ADDRESS 1016 SUPERIOR ST. LOT 63 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL TITLE ☐ Delete TITLE ☐ Change ☐ 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 TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR