FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 26, 2001 8:00 am **DOCUMENT # N42409 Secretary of State** SOUTHWEST REGIONAL COMMERCE AND TRADE CENTER OWN 07-26-2001 90001 045 ****61.25 Principal Place of Business Mailing Address C/O GERARD A. MCHALE, JR. C/O GERARD A. MCHALE. JR. 1601 JACKSON ST. 1601 JACKSON ST. FT. MYERS FL 33901 FT. MYERS FL 33901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0424944 Not Applicable Zip Country **\$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 Name Street Address (P.O. Box Number is Not Acceptable) MCHALE, GERARD A., JR. 1601 JACKSON ST. FT. MYERS FL 33901 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MCHALE, GERARD A., JR. DIRECTOR NAME NAME **1601 JACKSON STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. MYERS FL 33901 CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE ☐ Delete MCHALE, MARILYN NAME NAME STREET ADDRESS 1601 JACKSON STREET STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33901 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE **HULETTE, CAROLYN** NAME NAME 1601 JACKSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

7/17/01 (941) 337-0808