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2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State **DOCUMENT # P00000002995** 05-01-2001 90128 049 ***150.00 MOONGLOW INVESTMENT COMPANY, INC. Principal Place of Business Mailing Address 5601 FIDDLESTICKS BLVD. 15801 FIDDLESTICKS BLVD. FT. MYERS FL 33912 FT. MYERS FL 33912 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 Not Applicable Zip Country Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TR. N., STE. 300 NAPLES FL 34103 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. 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change VIZY Prys TITLE Delete TITLE NAME NAME Bruce Bergman STREET ADDRESS STREET ADDRESS 3950 Gordon Drive CITY-ST-ZIP CITY-ST-7F FL 34102 iaples. Addition Delete TITLE Prys TITLE NAME NAME Douglas Walton STREET ADDRESS STREET ADDRESS 3635 Bonita Beach Road, Ste. 4 City-ST-ZE CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Delete TITLE TITLE NAME NAME 3635-Ba Ste. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Springs, FL ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 extend this repolt as registered 7 Chapter 607 forida Statutes; and that my name appears in Block 11 or Block 12 chapter 607 forida Statutes. t as if made under oath; that I am en officer or directors; and that my name appears in Block 11 or Block 12 if SIGNATURE:

FILED Jun 27, 2001 8:00 am Secretary of State

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