2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000011971 1. Entity Name UD INVESTMENTS, INC. 05-18-2001 90004 047 ***150.00 Principal Place of Business Mailing Address 5801 PELICAN BAY BLVD., SUITE 300 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108-2709 NAPLES FL 34108-2709 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 Not Applicable Zip Country 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 CECIL, W. JEFFREY ESQ Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108-2709 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ARESIDENT CR2E034 (10/00) ☐ Change Addition TITLE PRESIBENT Delete TITLE UWE DUBOIS NAME NAME FRANZ ROSINUS SISI PENNYROYAL OR. STREET ADDRESS STREET ADDRESS P.O. BOX 613 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS, FL 34134 BONITA SPRINGS TITLE Defete NAME NAME Rosinas STREET ADDRESS STREET ADDRESS (5) PENNY ROYAL DR CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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

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

SIGNATURE: <

4-27-01 941-947-882

FILED