FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000031357 ERS PROFESSIONAL SERVICE OF S.W. FLORIDA. CORP. 04-16-2001 90043 024 ***150.00 Principal Place of Business Mailing Address 720 SE 1380 TERR. 5243 SW 28th Place 720 SE 40AD TERM 5243 SW 28th PLACE CAPE CORAL FL 39904 33914 CAPE CORAL FL 99904 33914 2. Principal Place of Business 3. Mailing Address 5243 SW 28th PLACE 5243 SW 28th PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 0997 995 CAPE CORAL FLORIDA CAPE CORAL, 65 FLORIDA Not Applicable Zip 33914 Country \$8.75 Additional 33914 LEE 5. Certificate of Status Desired LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOBCZAK, ELIZABETH R 729 SE 43RD TERR. CAPE CORAL FL 33904 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete TITLE SOBCZAK, ELIZABETH R NAME NAME 729 SE 43RD TERR. STREET ADDRESS 5243 SW 28 PL STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP 33914 TITLE ☐ Delete TITLE Change ☐ Addition SOBCZAK, ROBERT L NAME NAME 729 SE 43RD TERR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 all other like empowered.