2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE: 2

Jun 06, 2001 8:00 am Secretary of State DOCUMENT # P0000033132 05-15-2001 90073 001 ***150.00 HIDEAWAY WOLF, INC. Principal Place of Business Mailing Address 812 HOFAWAY CIACLE E) 2000 BOYAL MARCO WAY 912 HIDE AWAY CIRCLE TO BOYAL MARCO WAY 133 ADARBIBITANE 4133 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address BIZ HIDEAWAY LIRCLE E. 812 HIDEAWAY CIRCLE E Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number MARCO Not Applicable \$8.75 Additional Country. 55 Certificate of Status Desired 34145 COLLIER CKEAN 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBSTER, RONALD S Street Address (P.O. Box Number is Not Acceptable) 985 N. COLLIER BLVD. MARCO ISLAND FL 34145 City Zip Code 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: Pagistared 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. WOLF NANCY B 812 HIDEAWAY CIRCLE E. Addition TITLE Delete TITLE Change WOLF, NANCY B NAME NAME STREET ADDRESS 3660 Broth Medico-Way, APP. 472 STREET ADDRESS MAPRO IS. FL. 34145 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP LEONARD E WOLF E 812 HIDEAWAY CIRCLE E MARCO IS, FLA 34145 Change ☐ Addition TITLE TITLE Delete WOLF, LEONARD E NAME NAME argo noval blanco viay, app. Itie STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145-CITY-ST-ZIP -CITY-ST-ZIP. Change Addition Delete SEIDEL, JOHN H NAME NAME 140 SEAVIEW COURT, #706 SOUTH STREET ADDRESS STREET ADDRESS COY-ST-7IP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Channe NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADORESS 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.

4-9-01

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