2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P0000067700 DENIS J. ROZA & ASSOCIATES, INC. 02-01-2001 90019 033 ***158.75 Principal Place of Business Mailing Address 5571 HALIFAX AVENUE 5571 HALIFAX AVENUE FORT MYERS FL 33912 FORT MYERS FL 33912 910668 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 1024075 65 Not Applicable \$8.75 Additional Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOLAND, JOHN A Street Address (P.O. Box Number is Not Acceptable) -1715 MONROE STREET FORT MYERS FL 33901 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 DATE (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. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition n ☐ Delete TITLE TITLE ROZA, DENIS J NAME STREET ADDRESS STREET ADDRESS 12800 YACTH CLUB CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Addition ☐ Delete TITLE Change TITLE NAME ROZA, SUZANNE E NAME STREET ADDRESS STREET ADDRESS 12800 YACTH CLUB CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F 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 true example amount of the 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. DENIS J. ROZA PRES. 1/25/01 **SIGNATURE:** SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP