FILED May 31, 2001 8:00 am 2001 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOČUMENT # P 000000 83 004 05-31-2001 90001 018 ***150.00 Doring Enterprises, Inc. Principal Place of Business 1338 Del Prado BUDSIP9 = 5ame (ape (oral, FL. 33990) 553333 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 1036686 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eva Ilona Doving 1400 Colonial BLUB. Ste 59 Street Address (P.O. Box Number is Not Acceptable) Ford Myers, FL. 33907 Z'p Cade 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 Fiorida. SIGNATURE (NCTE, Pigistered Agent signature reduced when reinstating) CATE 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 ba \$350.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Acced to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President, Wice President Delete Chance : ☐ Addition TITLE The Colonial BLUP 159 MAME STREET ADDRESS STREET ADDRESS FOR Myers, FL 33907 CITY-ST-ZIP CITY-ST-ZIP C Oranga Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CL?-ST-ZIP CITY - ST - ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Defete TITLE

13. Thereby 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 cath; 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Wa Ylona Doning Eva Ilona Doving 4/26/101 941-939-2909