2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 02, 2001 8:00 am DOCUMENT # P0000095294 **Secretary of State** GUGGER INVESTMENTS, INC. 03-02-2001 90078 010 ***150.00 Mailing Address Principal Place of Business 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1052769 Not Applicable Zip Zip Country 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 Thomas W. Hill - SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 1318 Lafayette St. _CORAL GABLES FL 33134 Cape Coral, Zip Code 33904 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 2/23/01 Thomas W. Hill (NOTE: Registered 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. П 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. Πď Addition ☐ Delete ☐ Change TITLE TITLE GUGGER, ROBERT NAME NAME 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-71P CITY-ST-ZIP ٧Ď TITLE ☐ Delete TITLE Change Addition GUGGER, HEIDI NAME NAME 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITL E HILL, THOMAS W NAME MAME 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 eath; 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

2/23/01

941-549-2444

FILED