4/18/2003 3:54 PM FROM: Fax Hughes, Snell Co., P.A. TO: 9,4

FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90283 010 ***150.00

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[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084607

1. Entity Name
PINESTRAW OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
18111 PARKRIDGE CIRCLE FORT MYERS, FL 33908-4670	18111 PARKRIDGE CIRCLE FORT MYERS, FL 33908-4670

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1136927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINESETT, ROBERT A 2248 FIRST STREET FORT MYERS, FL 33901	Name: WALTER E. SHIREY Street Address: 18111 PARKRIDGE CIRCLE City: FORT MYERS FL 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIREY, SHANE A 18111 PARKRIDGE CIRCLE FORT MYERS, FL 339084670 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIREY, WALTER E 18111 PARKRIDGE CIRCLE FORT MYERS, FL 339084670 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: [signature] President 4/22/03 239-707-7346
Signature and typed or printed name of signing officer or director Date Daytime Phone #