FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P01000088318 DOCUMENT # 1. Entity Name MARGARET A. SHORT ENTERPRISES, INC. 05-27-2002 90455 023 ***150.00 Principal Place of Business Mailing Address 2081 RIVER REACH DRIVE #444 2081 RIVER REACH DRIVE #444 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address 1702 San Bornardino Way 1702 San Bernardian Wa DO NOT WRITE IN THIS SPACE O COMPANIES City & State City & State 4. FEI Number Applied For 4109 Nowles Nautes 59-374 44 69 Not Applicable Country いろみ \$8.75 Additional 34109 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARGARE SHORT, MARGARET A O. Box Number is Not Acceptable) 2081 RIVER REACH DRIVE #444 NAPLES FL 34104 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 Register Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE!S \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee vill be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Espartment of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete **Change** ☐ Addition CR2E034 (9/01 SHORT, MARGARET A SHORT, MARGARET A NAME 2081 RIVER REACH DRIVE #444 STREET ADDRESS 1702 San Bernardino way Naples PL 34109 STRET ADDRESS NAPLES FL 34104 CITY-ST-ZIP ST-ZIP CIT TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS T ADDRESS CITY-ST-ZIP ST-ZIP TITLE. . Delete. ☐ Addition □ Change NAME STREET ADDRESS ADDRESS SI CITY-ST-ZIP Ci ST-ZIP TITLE ☐ Delete Tľ ☐ Change ☐ Addition NAME STREET ADDRESS STA ET ADDRESS CITY-ST-ZIP CITE ST-ZIP ☐ Delete TIT Change Change ☐ Addition NAME STREET ADDRESS STRET ADDRESS CITY-ST-ZIP CIT ST-ZIP ☐ Delete T(T) ☐ Change ☐ Addition 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 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.

SIGNATURE: