2003 FOR PROFIT CORPORATION

FILED Jan 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000011054 DOCUMENT # 1. Entity Name 01-24-2003 90038 007 ***150.00 RICHARD A. DONNER, CPA, P.A. Principal Place of Business Mailing Address 2727 SW 18T PLACE 2727 6W 1ST PLACE ZUU1/240 CAPE COMAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address 6309 Corporate C+, #115 309 Corporate Ct, Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 45-0465076 FORT Myers Myers Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ICHARD DONNER SPIEGEL & UTRÉRA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. Corporate Ct. Muers 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 agg SIGNATURE Signature, typed or p nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. f 5 + D ☐ Delete TITLE ☐ Addition TIT! F RICHARD A. DONNER, RICHARD A DONNEY NAME NAME 12340 FLYNTLOCK LANE 2727_SW 1ST-PLACE STREET ADDRESS STREET ADDRESS CAPE-CORAL FL 33914 CITY-ST-2IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME

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 an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Addition

Change