2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 25, 2003 8:00 am Secretary of State P02000100861 DOCUMENT # 04-25-2003 90200 012 ***150.00 1. Entity Name VERGINA, INC. Principal Place of Business Mailing Address % SHELDON W. STARMAN, CPA % SHELDON W. STARMAN, CPA 4099 TAMIAMI TRAIL NORTH, FOURTH FLOOR 4099 TAMIAMI TRAIL NORTH, FOURTH FLOOR NAPLES FL 34103 NAPLES FL 34103 3. Mailing AddressC/O David G. Budd 2. Principal Place of Business 3033 Riviera Drive Suite, Apt. #, etc. Suite, Apt. #, etc. TY CHECK HERE IF MAKING CHANGES Suite 201 City & State City & State 4. FEI Number Applied For Naples, Florida Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34103 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sheldon W. Starman BUDD, DAVID G Street Address (P.O. Box Number is Not Acceptable) 4099 Tamiami Trail North 3033 RIVERA DRIVE SUITE 201 Suite 400 NAPLES FL 34103 City Naples 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 reg 4/22/03 SIGNATURE Signature, typed or printed name of registered agent and ritle 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition BUDD, DAVID G NAME NAME 3033 RIVERA DRVIE, SUITE 201 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/22/03

(239) 263-7700