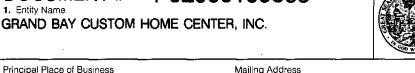
FILED Apr 10, 2003 8:00 am \$\frac{8}{5}\$. Secretary of State

04-10-2003 90169 025 ***150.00

P02000109363 DOCUMENT #

1. Entity Name



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



Principal Place of Business Mailing Address 533 5TH AVENUE SOUTH 533 5TH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For 16 1639499 Not Applicable Zip Zin____ Country Country____. \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANABARGER, ANGELA Street Address (P.O. Box Number is Not Acceptable) 533 5TH AVENUE SOUTH NAPLES FL 34102 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Flection 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 1 11. 10. TITLE Delete TITLE ShanabaraerI SHANABARGER, ANGELA NAME NAME 533 5TH AVENUE SOUTH 533 5th Avenue South STREET ADDRESS STREET ADDRESS **NAPLES, FL 3410-2** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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 ☐ Change Addition TIT) F ☐ Delete TITLE NAME NAME STREET ADDRESS 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

CITY-ST-ZIE

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/02)