2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P92000005442 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** HULL INVESTMENTS, INC. 03-06-2000 90110 041 ***150.00 Mailing Address Principal Place of Business PO BOX 9023 1200 HIGHLAND BRIDGE RD. LONGBOAT KEY FL 34228-9023 SARASOTA FL 34235 00031060917 TIERRA LAGO WAY Principal Place of Business 3. Mailing Address 917 TIEKLA LAGO WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0387488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RAY, ROBERT M 4290 HIGHLAND BRIDGE RD. SARASOTA FL 34235 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X, Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition Delete TITLE TITLE BARBARA HULL HULL, BARBARA NAME NAME 917 TIEZRA LAGOWAY 4290 HIGHLAND BRIDGE RD. STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE ROBERT RAY RAY, ROBERT M NAME NAME 917 TIERRA LAGOWAY NAPLES FL 34119 4290 HIGHLAND BRIDGE RD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTO

2-28-00

941-353-9046