## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like enopowered.

SIGNATURE:

## FILED DOCUMENT # **P93000011955** Jan 28, 2000 8:00 am **Secretary of State** RING REALTY, INC. 01-28-2000 90077 035 \*\*\*150.00 Principal Place of Business Mailing Address 1325-B DEL PRADO BLVD. RING REALTY INC. 4824 CANDIA ST 4824 CANDIA ST **CAPE CORAL FL 33904-9030** CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0389440 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUBBELL, VICKI K Street Address (P.O. Box Number is Not Acceptable) RING REALTY, INC 4824 CANDIA ST CAPE CORAL FL 33904 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE HUBBELL, VICKI K NAME NAME STREET ADDRESS RING REALTY INC/4824 CANDIA ST STREET ADDRESS CITY-ST-7IP CAPE CORAL FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE HUBBELL, CRAIG W NAME 5241 SEAGULL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

Vick K. Hubbell Date 1/211