2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000033091 Mar 10, 2000 8:00 am **Secretary of State** JOHNSON SOUTHWEST, INC. 03-10-2000 90019 043 ***158.75 Principal Place of Business Mailing Address PO BOX 2781 2158 JOHNSON ST FT MYERS FL 33902-2781 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0412676 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired x Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition 0.14 0.90 ☐ Delete TITLE TITLE KEILING, KENTON R NAME STREET ADDRESS STREET ADDRESS 736 ANTALYA COURT CITY-ST-ZIP **PUNTA GORDA FL** CITY-ST-7IP Delete ☐ Change * Addition TITLE TITLE Ebner, Joseph W. 2025 S.E. 44th St. NAME NAME GRANT, ARCHIE STREET ADDRESS 18501 MURDOCK CIRCLE, SUITE 404 STREET ADDRESS CITY-ST-ZIP 33904 Cape Coral, FL CITY-ST-ZIP PORT CHARLOTTE FL X7 Change ☐ Addition Delete TITLE TITLE Tilton, Andrew D. NAME TILTON, ANDREW NAME STREET ADDRESS 18810 Serenoa Court STREET ADDRESS 18501 MURDOCK CIRCLE, SUITE 404 CITY-ST-ZIP Alva, FL 33920 CITY-ST-ZIP PORT CHARLOTTE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

📆 🕽 Joseph W. Ebner

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941/334-0046

Daytime Phone #