2000 UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # P9300046844 1. Entity Name						Mar 15, 2000 8:00 am Secretary of State 03-15-2000 90097 014 ***150.00					
Principal Place	e of Business	Mailin	g Address								
27459 POLLARI BONITA SPRINC			POLLARD DR SPRINGS FL 34135-4502								
2. Principal P	ace of Business	3. Mai	ing Address								
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE					
City & State	·	City	& State				4. FEI Number 65-0420809 Applied For Not Applied ber				
Zip 341	35 Country	Zip		Countr	у		5. Certificate of S	Status Desired	\$8.75	Additio	
	6. Name and Address of Current I	Registere	d Agent		Name		7. Name and Add	dress of New Reg	istered Agent		
HARVEY, JACK O			-								
2745	9 POLLARD DR			-	Street Address (P.O. Box Number is Not Acceptable)						
BON	ITA SPRINGS FL 33923			-	City				Zip	Code	
						re gietoros	d agent or both in	the State of Florin			4135
8. The above	named entity submits this statement for	tne purp	ose of changing its	registered	1 Office Of	registeret	agent, or both, it	Title State of Florid	id.		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if app	licable. (NOT	E: Registered	Agent signatu	ire required w	hen reinstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	M	FILE NOW After MAY 1, 20 ake Check Payal	000 Fee v	vill be \$5	50.00	Trust F	n Campaign Finan und Contribution.	- <u>-</u> -	5.00 to	
11.	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	12.				ANGES TO OFFICE	ERS AND DIREC	TORS IN	l 11
TITLE NAME	HARVEY, JACK O	: KERN	De'ete	. TITLE NAME					∑ Cha	nge E	Addition S
STREET ADDRESS CITY-ST-ZIP	21 100 1 0LD 110 011		STREE	T ADDRESS ST-ZIP	!		34	1135		S L G	
TITLE NAME STREET ADDRESS	VP HEMELGARN, CHARLES K 11353 TANGERINE DR	•	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS) Seasons	s Way Ap	₩ Cha	nge [Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONITA SPRINGS FL 34135 S HEMELGARN, ALICIA 11353 TANGERINE DR BONITA SPRINGS FL 34135		Delete	TITLE	I ADDRESS	3140		33920 S Way Apt 33928	⊠ Cha 516	nge [☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harvey, Deborah 27459 Pollard Dr Bonita Springs Fl	,	Delete	TITLE NAME STREE	i address St-Zip			3,	₩ Cha	nge [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		u	Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Cha	nge [_] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		Delete	TITLE NAME STREE CITY-5	T ADDRESS ST - ZIP		hi 440 07/0V/)	Janiela Carriera III	☐ Cha		Addition

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.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR | Date | Daylime Phone •

SIGNATURE:

FILED