2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 02, 2000 8:00 am DOCUMENT # P94000011912 Secretary of State STOCK LAND COMPANY, INC. 02-02-2000 90038 036 ***150.00 Principal Place of Business Mailing Address 4501 N TAMIAMI TRAIL N 4501 N TAMIAMI TRAIL N SUITE 300 SUITE 300 NAPLES FL 33940 NAPLES FL 34103-3023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0416556 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALVATORI, LEO J Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL N SUITE 300 NAPLES FL 33940-3060 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete ☐ Change TITLE STOCK, K. C. NAME NAME 3110 MARKET ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GREEN BAY WI 54304** ☐ Delete ☐ Addition TITLE TITLE STOCK, GEORGIA NAME NAME STREET ADDRESS STREET ADDRESS 3110 MARKET ST. CITY-ST-ZIP CITY-ST-ZIP GREEN BAY WI 54304 S----____ Delete Addition TITLE -- = :-TITLE STOCK, STEVE NAME 3110 MARKET ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREEN BAY WI 54304** ☐ Change ☐ Addition ☐ Defete TITLE STOCK, BRIAN NAME 3110 MARKET ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREEN BAY WI 54304** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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.

SIGNATURE: X 3/4-22/1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destruction Destruct