2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P940001 5548 Jun 07, 2000 8:00 am ,G. K. SPROWLS CORPORATION **Secretary of State** 06-07-2000 90006 041 ***150.00 Principal Place of Business Mailing Address incipal Place of Business
45 (POINCIANA DRIVE POINCIANA PRIVE DO NOT WRITE IN THIS SPACE Applied For Not Applicable Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen GREGORY K. SPROWLS 2800 PONTEDELLON DRIVE NAPLES, FL. 34105 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ___ Delete 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-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 hall have the same legal effect as if made under oath; that I am an officer or director y Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required or changed, or on an attachment with an address, with all other like empowered.