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2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P94000016374 SWFRI MANAGEMENT, INC. 05-03-2001 90942 029 ***150.00 Principal Place of Business Mailing Address 1500 COLONIAL BLVD, STE, 102 1500 COLONIAL BLVD, STE, 102 FORT MYERS FL 33907 FORT MYERS FL 33907 Principal Place of Business 3. Mailing Address Kamern DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0466883 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YORK, RONALD W Street Address (P.O. Box Number is Not Acceptable) 1500 COLONIAL BLVD. STE. 102 Ramsey Way FORT MYERS FL 33907 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete 5245 Ramsey Way, #8 YORK, RONALD W NAME NAME STREET ADDRESS STREET ADDRESS 1500 COLONIAL BLVD. STE. 102 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 5245 Ramsey Way, #8 SDT TITLE TITLE YORK, MARCIA L NAME NAME STREET ADDRESS STREET ADDRESS 1500 COLONIAL BLVD SUITE 102 CITY-ST-ZIP CITY-ST-ZIP FT M YE -TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE Change ☐ Addition NAME 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:

Ronald W. W.

4/25/200

941-936-5556

Daytime Phone #