2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # P94000039142 Secretary of State STEVEN L. JUREK REALTY INC. 01-19-2000 90236 009 ***150.00 Principal Place of Business Mailing Address 64,6 . 1136 N.E. PINE ISLAND ROAD 1129 SE 19TH TERRACE CAPE CORAL FL 33990-4581 SUITE #8. BOX 103 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address 1129 S/219/h TIEVEDUE 1136 N.R. Piant Lot DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number 65-0493727 CAPIR COUPL Not Applicable \$8.75, Additional 5. Certificate of Status Desired Fee Required USB 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JUREK, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1136 NE PINE ISLAND RD **SUITE #8 BOX 103** CAPE CORAL FL 33909 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition STRUIZA ☐ Change ☐ Delete TITLE JUREK, STREURNE L NAME 1129 SE 19TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-7IP ☐ Addition TITLE Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 ... CITY-ST-ZIP-Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filing 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

TEVIEN L. JURIAL 1-11-00 941-772-5910

☐ Change

☐ Addition