2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000051718** May 16, 2000 8:00 am Secretary of State HAPPY SKIES, INC. 05-16-2000 90088 022 ***150.00 Mailing Address Principal Place of Business 4841 REGAL DRIVE, S.W. 4841 REGAL DRIVE, S.W. BONITA SPRINGS FL 33923 BONITA SPRINGS FL 34134-3926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4841 Regal Drive 4841 Regal Drive Applied For City & State City & State 4. FEI Number 65-0581418 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLLMANN, ERNEST M Street Address (P.O. Box Number is Not Acceptable) 4841 REGAL DRIVE, S.W. BONITA SPRINGS FL-33923 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** 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 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. PSD PD ☐ Addition ☐ Delete TITLE TITLE KOLLMANN, ERNEST M NAME NAME STREET ADDRESS 4841 REGAL DRIVE, S.W. 4841 Regal Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 33923 Addition** VΡ ☐ Change TITLE ☐ Defete TITLE NAME NAME John S. Fifer, Jr. STREET ADDRESS STREET ADDRESS 5810 Cordwood Ln. CITY-ST-ZIP CITY-ST-ZIP Fort Myers, Fl. 33919 ☐ Delete TITLE ☐ Change Addition NAME NAME Bonnie L. Troy STREET ADDRESS STREET ADDRESS 15152 Fiddlestick Blvd. CITY-ST-ZIP CITY-ST-ZIP Fort Myers, Fl. 33912 Delete TITLE ☐ Change **X** Addition NAME NAME DeAnn P. Kollmann STREET ADDRESS STREET ADDRESS 4841 Regal Dr. CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, Fl 34134 ☐ Change **Addition** ☐ Delete TITLE TITLE Benjamin K. Tipton NAME STREET ADDRESS STREET ADDRESS 12520 Panasoffkee Dr. CITY-ST-ZIP CITY-ST-ZIP No. Fort Myers, Fl. 33903 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME Brian A Harris STREET ADDRESS STREET ADDRESS 12630 World Plaza Ln. Bldg. 70 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.

4/21/00 94/-992-0254 Date Daylime Phone #