DOCUN 1. Entity Name	UNIFORM BUSI MENT # P940000	52091			FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90047 032 ***158.75	
Principal Place of Business 1920 KIRK TERRACE MARCO ISLAND FL 34145 US 2. Principal Place of Business		Mailing Address C/O W.D.KRAMER P O BOX 990039 NAPLES FL 34116-6060 US 3. Mailing Address				
988 HUNT COURT Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4.	FEI Number 65-0330255 Applied For	
MARCO ISLAND, FL					Not Applicable	
<sup>Zip</sup> 341	45 Country USA	Zip	Country		Certificate of Status Desired X \$8.75 Additional Fee Required	
	- 6. Name and Address of Current R	egistered Agent -	Name	. 7.	Name and Address of New Registered Agent	
	AER, WILLIAM D 40TH TERRACE SW		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34116						
			City	ity FL Zip Code		
(See criteri	equirement and elects to do so. ia on back) OFFICERS AND D	Make Check Paya	001 Fee will be \$55 ble to Department of 12.	of State	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees   DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. TITLE NAME	OFFICERS AND D P HOLLOWAY, ROBERT B 1920 KIRK TERRACE		12. TITLE NAME STREET ADDRESS		Change Addition	
STREET ADDRESS CITY - ST - ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	M	38 HUNT COURT ARCÓ ISLAND; FL 34145 & Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HOLLOWAY, CHRISTOPHER A 1920 KIRK TERRACE MARCO ISLAND FL 34145	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	127 NAI	0 15TH ST SW PLES, FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLOWAY, BRADLEY B 1920 KIRK TERRACE MARCO ISLAND FL 34145	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,86.5 1NA1	Change Addition Change Addition Change Addition Change Addition	
IITLE VAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE VAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 📑 Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
of the corr	poration or the receiver of trustee empoy or on an attachment with an address, wi	vered to execute this repor	t as required by Chap	er 607, Flo	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if $WAY = 2 - 1 - 01  941 - 348 - 0272$	