2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # P94000065385 **Secretary of State** Telephone + DATA INC. 05-22-2001 90036 034 ***150.00 Principal Place of Business
1402 NE 10th TERRRE 1402 NE 10th Terrace CApe CORAL, FL 33909 CAPE CORAL, FL 33909 (030(0 2. Principal Place of Business 3. Mailing Address 1402 NE 10th TERROLE 1402 NE 10th TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ape CORAL CARE CORAL 65-0514569 Not Applicable Country ひらん \$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 Robert Lowery, Sr. 1402 NE 10th TERRACE Street Address (P.O. Box Number is Not Acceptable) 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 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE □ Delete TITLE Robert Lowery, Sr. Robert Lowery 1402 NE 10th NAME NAME 1402 NE 10th TERRACE STREET ADDRESS TERRALE STREET ADDRESS CAPE CORM, FL33909 CITY-ST-ZIP CITY-ST-ZIP APE CORAL Addition Change TITLE ☐ Defete TITLE amela S. Lowery NAME NAME 1402 NE 10 to TERPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cape Gral, FL 33909 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Robert Rower Robert Lowery, Ir. NAME NAME 2259 LAPTEL LANC 2259 Laurel STREET ADDRESS STREET ADDRESS Ft. myers, FL 83917 N. Pt. myers, FL 33917 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Addition Change Delete TITLE TITLE 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. 4-25-01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR