2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000071439 Feb 25, 2000 8:00 am **Secretary of State** DORA INVESTMENT COMPANY 02-25-2000 90008 036 ***150.00 Mailing Address Principal Place of Business 400 FIFTH AVENUE SOUTH 400 FIFTH AVE. SOUTH SUITE 304 SUITE 304 NAPLES FL 34102-6556 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0531111 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN'S'MOORE Street Address (P.O. Box Number is Not Acceptable) 1800 GALLEON DR NAPLES FL 34102 Zip Code City 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. 11. PTD ☐ Addition Change □ Delete TITLE MOORE, JOHN S NAME NAME 1800 GALLEON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Addition Change Delete TITLE. NAME MOORE, DANA H NAME STREET ADDRESS 10 LIBERTY SHIP WAY #4136 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAUSALITO CA 94965 Change Addition Delete TITLE TITLE KELLER, SANDRA W NAME NAME STREET ADDRESS STREET ADDRESS 4461 WELD COUNTY ROAD, #31 CITY-ST-ZIP CITY-ST-ZIP FORT LUPTON CO Addition Change Delete TITLE Hartley, Lee Ann 525 South 41st Street MOORE, LEEANN NAME NAME 1334 SOUTH YORK ST STREET ADDRESS STREET ADDRESS Boulder, CO 80303 CITY-ST-ZIP CITY-ST-ZIP **DENVER CO 80210** VPD Change Addition ☐ Delete TITLE TITLE WATERMAN, PORTER A NAME STREET ADDRESS STREET ADDRESS COOLIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP DORSET VT 05250 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

TOTOM S. Moore President
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 561-0567

Daytime Phone #