2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000073818** May 09, 2000 8:00 am Secretary of State HINKS THOMPSON INVESTMENTS, INC. 05-09-2000 90107 021 ***150.00 Principal Place of Business Mailing Address 2323 S. DEL PRADO BLVD 1423 SE 10TH ST CAPE CORAL FL 33990 UNIT 1A CAPE CORAL FL 33990-3655 US 2. Principal Place of Business 3. Mailing Address 3108 DEL PRAPO BLVD SOUTH 3108 DEL PRADO BLUD SOUTH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT 6 UNIT 6 Applied For City & State City & State 4. FEI Number 65-0512125 Not Applicable CAPE CORAL CAPE \$8.75 Additional 5. Certificate of Status Desired 33904 33904 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINKS, DONALD Street Address (P.O. Box Number is Not Acceptable) 3/08 DEL PAADO BOULEVARD 1423 S.E. 10TH ST APDRESS UNIT 1A CHANGE CAPE CORAL FL 33990 ONLY Zip Code 33904 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 11. OFFICERS AND DIRECTORS Change Delete TITLE TITLE HINKS, DONALD NAME DONALD NAME 3108 DEL PRADO BLUD SOUTH, UNIT 6 STREET ADDRESS 1423 S.E. 10TH STREET 1A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 CAPE CONAL, FL Change Delete TITLE KEVIN THOMPSON NAME STREET ADDRESS 2220 PICCABILLY COURT STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP NAPLES, FL Delete TITLE BERNADINE THOMPSON NAME STREET ADDRESS STREET ADDRESS RD 2, BOX 262 CITY-ST-ZIP MORRISDALE, PA ☐ Addition Detete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 tike empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR