2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P94000086949** IONA VENTURE CORPORATION 03-21-2000 90002 040 ***150.00 Mailing Address Principal Place of Business 17499 MCGREGOR BLVD. 17499 MCGREGOR BLVD. FORT MYERS FL 33908-2744 FORT MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0537071 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAUMANN, MARK Street Address (P.O. Box Number is Not Acceptable) 17499 MCGREGOR BLVD. FORT MYERS FL 33908 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ___ Addition Change TITLE ☐ Delete TITLE **NELLANS, LARRY** NAME NAME STREET ADDRESS STREET ADDRESS 15065 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ___ Change Addition TITLE ☐ Delete TITLE DUNBAR, ELLEN NAME NAME STREET ADDRESS 16998 CAPTIVA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CAPTIVA FL 33924 ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOLA, VANCE NAME NAME 2417 WULFERT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 Change ☐ Addition TITLE ☐ Delete TIT) F NAUMANN, MARK NAME STREET ADDRESS 17499 MCGREGOR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Addition ☐ Change Delete TITLE CARLTON, RICK W NAME STREET ADDRESS 17499 MCGREGOR BLVD. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-7/P Change Addition ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

941-454-1333

Daytime Phone #