FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

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DOCUMENT # P950000269040UNTY 1. Entity Name DEL OF LEE COUNTY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 700006072457--5 -06/27/02--01056--n22 2. Principal Place of Business 3. Mailing Address/o Patricia A. Mache ****150.00 ****150.00 16200 San Carlos Blvd Pers. Representative of the E/O Suite Apt # etDonald E. Lynch 437 Stagecoach Run Suite Apt. #. etc **Suite F** DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0571856 City & State Applied For Fort Myers. Not Applicable Country 33907 \$8.75 Additional 5. Certificate of Status Desired Lee Fee Required 7. Name and Address of Current Registered Agent Michael A. Gennaro, Esquire DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 4635 Del Prado Blvd. IN THIS SPACE Cape Coral 3⁷³9674^e 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1, Fee is \$150,00 After May 1, Fee is \$550,00 Amended UBR is \$61,25 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TILE P/S/ Patricia A. Mache, Personal Rep** MHe Ε/Φ Donald E. Lynch CR2E034B (12/01 NAME D 437 Stagecoach Run STREET ADDRESS STREET ADDRESS Glen Ellyn, IL 60137 CITY-ST-ZIP CITY-ST-ZIP *of the Estate of Donald E. Lynch TITLE MÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-709 CITY-ST-ZIP TITLE TITLE 💀 NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE N THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

Personal Representative of the Estate of Donald E.