FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P95000034311 SPANISH MAIN PROFESSIONAL BUILDING, INC. 01-17-2001 90090 014 ***150.00 Principal Place of Business Mailing Address 22966 OVERSEAS HWY 22966 OVERSEAS HWY CUDJOE KEY FL 33042 CUDJOE FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0739178 Not Applicable Zip Country Country \$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 Name HOLTRY, FRANK M Street Address (P.O. Box Number is Not Acceptable) 701 SPANISH MAIN DRIVE CUDJOE FL 33042 City 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 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change CR2E034 (10/00 ☐ Detete TITLE TITLE NAME NAME HOLTRY, FRANK M STREET ADDRESS STREET ADDRESS 701 SPANISH MAIN DR., #293 CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLTRY, JULIA NAME STREET ADDRESS STREET ADDRESS 701 SPANISH MAIN DR., #293 CITY-ST-ZIP CITY-ST-7IP CUDJOE KEY FL 33042 ☐ Addition ☐ Oelete TITLE ☐ Change TITLE NAME 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-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 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

with all other like empowered