2000 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2000 8:00 am DOCUMENT # P95000034312 Secretary of State MVS CORAL KEY ENTERPRISES, INC. 03-23-2000 90017 020 ***150.00 Mailing Address Principal Place of Business 1507 SE 47TH TERRACE 1507 SE 47TH TERRACE **CAPE CORAL FL 33904-9639** CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 130 SW 51ST TERRACE 130 SW 51ST TERRACE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0630861 CAPE CORAL FL CAPE CORAL FL Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired USA 33914 UCA Fee Required 33914 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMID. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 130 S.W. 51ST TERR CAPE CORAL FL 33914 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **DPST** □ Delete TITLE TITLE SCHMID, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 130 S.W. 51ST TER CITY-ST-ZIE CITY-ST-ZIF CAPE CORAL FL 33914 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED