2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P95000036516** 1. Entity Name TRACO DEVELOPMENT, INC. 05-11-2000 90407 001 ***300 00 Principal Place of Business Mailing Address 471 PRIMROSE CT 471 PRIMROSE CT FT MYERS FL 33931 FT MYERS FL 33908-3514 13809 Mailing Address 16950 2. Principal Place of Business OLD South way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0767739 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAUL, ANTHONY R Street Address (P.O. Box Number is Not Acceptable) -2246-SE 28TH ST -CAPE CORAL FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registe 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ☐ Delete TITLE Change Addition TITLE MAN. Arothony L. MAUL, ANTHONY R NAME NAME 5602 5W 9th Ave STREET ADDRESS STREET ADDRESS 2246 SE 28TH ST CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete TITLE TITLE - SAUERWEIN NAME NAME BRNST SAVERWEIN 5,W. 53 aD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.