2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State P95000063294 DOCUMENT # 1. Entity Name 05-16-2002 90084 039 ***158.75 SERVICE EVALUATORS INCORPORATED Principal Place of Business Mailing Address P.O. BOX 111240 P.O. BOX 111240 360411 NAPLES FL 34108 NAPLES FL-34108 \circ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0607948 Not Applicable Country Zip 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 DUNCAN CONNELL, DUNCAN S.D. Street Address (P.O. Box Number is Not Acceptable 823 MEADOWLAND DRIVE APT J NAPLES FL 34108 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) 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, 2002 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. Change TITLE ☐ Delete TITLE ☐ Addition NAME CONNELL. DUNCAN S.D. NAME Connell. STREET ADDRESS 823 MEADOWLAND DRIVE J STREET ADDRESS 7503 Trecline CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Nastes TITLE Delete TITLE ☐ Addition onnell Janine NAME CONNELL, JANINÉ I.K. NAME STREET ADDRESS 823 MEADOWLAND DR J STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34108 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)