2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P95000081953 1. Entity Name MARICOPA HARDY DEVELOPMENT GROUP, INC. 04-11-2001 90014 029 ***158.75 Mailing Address Principal Place of Business % PAUL HARDY % PAUL HARDY 5645 STRAND BLVD #3 5645 STRAND BLVD #3 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address COURT 5692 STRAND DUR STRAND Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE SUITE 4. FEI Number Applied For City & State City & State 65-0616658 Not Applicable <u>NA</u>PLES Country \$8.75 Additional Country 5. Certificate of Status Desired US.A Fee Required (0.5A)7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARDY, PAUL Street Address (P.O. Box Number is Not Acceptable) 10621 AIRPORT ROAD, N. SUITE 1 NAPLES FL 34109 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, 2001 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition The Change ☐ Delete TITLE TITLE HARDY, PAUL NAME HARDY, PAUL NAME 5692 STRAND COURT SUITE #1 STREET ADDRESS STREET ADDRESS 10621 AIRPORT ROAD, N. SUITE #1 CITY-ST-ZIP NAPLES CITY-ST-ZIP NAPLES FL 34104 ☐ Addition ☐ Delete TITLE TITLE TOLSON, RENEE TOLSON, RENEE NAME NAME 5692 STRAND COURT, SUITE STREET ADDRESS 10621 AIRPORT ROAD, N. SUITE #1 STREET ADDRESS CITY-ST-ZIP NAPLES, FC CITY-ST-ZIP NAPLES FL 34104 Addition Change Change TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition ☐ Change ☐ Delete TITLE

13. I hereby certify that the into patient 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 of 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 of 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE INDEPENED ON PRINTED NAME OF SIGNING OFFICER OR DIRE

4-61-01

941-592-7344

Daytime Phone #

CR2E034 (10/00)