2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attag

SIGNATURE:

DOCUMENT # P95000094594 May 16, 2000 8:00 am Secretary of State 1. Entity Name DANBURY FINANCIAL CORPORATION 05-16-2000 90112 001 ***150.00 Principal Place of Business Mailing Address 5773 SO. BENEVA RD 5773 SO. BENEVA RD SARASOTA FL 34233 SARASOTA FL 34233-4105 US 2. Principal Blace of Business 100 COOLETTE 3. Mailing Address / ETTE Rd. N. DO NOT WRITE IN THIS SPACE RIVA PLES, FL Applied For 4. FEI Number APLES, 65-0629056 Not Applicable 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 -WATTS, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 5773 SO. BENEVA RD SARASOTA FL 34233 Zip Code 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. RICHARD E. WATTS SIGNATURE DATE (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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WATTS, RICHARD E. NAME NAME STREET ADDRESS 5773 SO. BENEVA RD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34233 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME 88018868 STREET ADDRESS STREET ADDRESS AND FRANCE CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HMAN 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 eceiver or tryftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

her like empowered.

SIGNING OFFICER OR DIRECTOR