2001 UNIFORM BUSINESS REPORT (UBR)

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Sep 17, 2001 8:00 am Secretary of State P95000094594 DOCUMENT # 1. Entity Name 09-17-2001 90143 006 ***550 00 DANBURY FINANCIAL CORPORATION Principal Place of Business Mailing Address 1008 GOODLETTE RD N. 1008 GOODLETTE RD N. DDDDDDDDDD200 NAPLES FL 34102 NAPLES FL 34102 US IIS 2. Pringinal Place of Busine Mailing Address arport Pds Suite, A DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0629056 Not Applicable **USA** Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATTS, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 5773 SO. BENEVA RD SARASOTA FL 34233 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 10-5elriau TITLE ☐ Delete Addition MOLENOS NAME WATTS, RICHARD E. chard waits NAME 3221 84hAVCSUS STREET ADDRESS 6773 SO, BENEVA RD STREET ADDRESS th Arc SE CITY-ST-ZIP SARASOTA FL 34233 adus fl 34117 CITY-ST-ZIP Restdent TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS *STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Daytime Phone #