2000 UNIFORM BUSINESS REPORT (UBR)

· SIGNATURE AND TYPED

PRINTED NAME OF SIGNING OFF

FILED DOCUMENT # P95000095316 May 19, 2000 8:00 am Secretary of State RUST & CHRISTOPHER, P.A. 05-19-2000 90088 043 ***150.00 Principal Place of Business Mailing Address -000 SIXTH AVENUE SOUTH #203 900 SIXTH AVENUE-SOUTH #308 NAPLES FL-04102-6745 NAPLES FL 04102 3. Mailing Address 2. Principal Place of Business astello DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0627437 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUST, ROBERT J 900 SIXTH AVENUE SOUTH #808 NAPLES FL 04102-34<u>103</u> se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-SIGNATURE ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rec 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. □ Delete TITLE TITLE RUST, ROBERT J 1044 Castello Drive, Suite 101/102 Naples, FL 34103 **Change NAME 4000 SIXTH AVENUE COUTH #908 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP VTD TITLE ☐ Delete CHRISTOPHER, SUSAN K. NAME STREET ADDRESS 900 SIXTH AVE SOUTH #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NAPLES FL Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this fling 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 supplimental peport 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 true ee 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