2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am DOCUMENT # P96000020357 Secretary of State GERLICH PRIME COMMERCIAL CORPORATION 06-09-2000 90030 024 ***150.00 Principal Place of Business Mailing Address 918 NE 24TH LANE 918 NE 24TH LANE . UNIT 1 AND 2 UNIT 1 AND 2 CAPE CORAL FL 33909-2921 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3371229 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANE, PAUL C 5401 SOUTH KIRKMAN ROAD STE 500 ORLANDO FL 32819 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. PD ☐ Addition Delete TITLE Change Change GERLICH WALDEHAR GERLICH, WALDEMAR NAME NAME 2124 SW 5th Ave STREET ADDRESS 519 SE 15 ST STREET ADDRESS CITY-ST-ZIP ape Coral, CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Addition ☐ Delete TITLE 😿 Change TITLE GERLICH, ANDREA ERLICH ANDREA NAME NAME STREET ADDRESS 519 SE 15 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 TITLE ☐ Addition Delete TITLE ERLICH ANDREA GERLICH, ANDREA NAME NAME STREET ADDRE 513:SE-15TH:ST---STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP Change TIT1 F ☐ Addition Delete TITLE GERLICH, WALDEMAR NAME NAME STREET ADDRESS STREET ADDRESS 519 SE 15 ST CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33990 Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 receiver of trusted 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.

FICER OF DIRECTO

SIGNATURE: