## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** DOCUMENT # P96000038254 Mar 21, 2000 8:00 am 1. Entity Name FUTURE CORP. OF SOUTHWEST FLORIDA, INC. **Secretary of State** 03-21-2000 90047 002 \*\*\*150.00 Principal Place of Business Mailing Address 3009 SE 18TH AVE POST OFFICE BOX 151060 CAPE CORAL FL 33915-1060 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0665603 Not Applicable Country Country Zip \$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 FRONCEK, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 3009 SE 18TH AVE CAPE CORAL FL 33904 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change CR2F034 (9/99 TITLE ☐ Addition ☐ Delete TITLE Cannamela, Anthony CANNAMELA, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 1026 DOLPHIN DRIVE CITY-ST-ZIP CITY-ST-ZIP -CAPE CORAL FL 33904 ☐ Addition ☐ Change ☐ Delete TITLE TITLE FRONCEK, MICHAEL NAME 3009 SE 18TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE mboely Cannomela CANNAMELA, KIMBERLY NAME NAME 1028 DOLPHIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CAPE-CORAL-FL-33904 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE FRONCEK, JULIANNE NAME STREET ADDRESS 3009 SE 18TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CAPE CORAL FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 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 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 in changed, or on any attachment with an address, with all other like empowered.

ULIANNE FROMMER