FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

Mar 19, 2001 8:00 am DOCUMENT # P96000047696 Secretary of State WEALTH INTELLIGENCE NETWORK, INC. 03-19-2001 90023 047 ***150.00 Principal Place of Business Mailing Address 4818 CORONADO PKWY 4818 CORONADO PKWY CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3412656 Not Applicable ---Zip;----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 SIMON, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD SUITE 22 FORT MYERS FL 33907 City Zio 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. SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE 🔀 Delete TITLE FRANCIS, JAMES J NAME NAME STREET ADDRESS STREET ADDRESS 1404 N. COVE BLVD CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 ☐ Addition TITLE TITLE WHITNEY, RUSSELL NAME NAME STREET ADDRESS 4818-CORONADO-PARKWAY ... STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change TITLE Delete TITLE ☐ Addition SIMON, RONALD NAME NAME STREET ADDRESS 1342 COLONIAL BLVD., SUITE 22 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33907 Delete Change ☐ Addition 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 mowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a, with all other like empowered. 13. I hereby certify that the information indicated on this report or support of the corporation or the received