2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000050407 May 16, 2000 8:00 am Secretary of State 1. Entity Name JASMINE INVESTMENTS INC. 05-16-2000 90077 031 ***150.00 Principal Place of Business Mailing Address 9955 TAMIAMI TRAIL NORTH 9955 TAMIAMI TRAIL NORTH SUITE 3 SHITE 3 NAPLES FL 34108-1914 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 2500 Airport Road South 2500 Airport Road South 31 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Applied For City & State 4. FEI Number City & State 54-0683859 Not Applicable Naples, FL Naples, Country \$8.75 Additional Zip 34112 5. Certificate of Status Desired 34112 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Riddle, Melinda P RIDDLE, MELINDA P Street Address (P.O. Box Number is Not Acceptable) 9955 TAMIAMI TRAIL NORTH 2500 Airport Road South SUITE 3 Suite 311 NAPLES FL 34108 City Naples 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 4/28/00 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVT Change DVPT TITLE ☐ Addition □ Delete TITLE RIDDLE, MELINDA P. NAME NAME RIDDLE, MELINDA P 2500 Airport Road South, Suite 311 STREET ADDRESS STREET ADDRESS 9955 TAMIAMI TRAIL NORTH, SUITE 3 CITY-ST-ZIP Naples, FL 34112 CITY-ST-7IP NAPLES FL 34108 PS X Change ☐ Addition TITLE Delete ALAIMO, JOSEPHINE ALAIMO, JOSEPHINE NAME STREET ADDRESS 2500 Airport Road South, Suite 311 STREET ADDRESS 9955 TAMIAMI TRAIL NORTH, SUITE 3 CITY-ST-ZIE CITY-ST-7IP Naples, FL 34112 NAPLES FL 34108 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

941-530-2420

Date

Daytime Phone #