## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 08, 2000 8:00 am DOCUMENT # P96000056604 1. Entity Name **Secretary of State** DOTCOOL, INC. 02-08-2000 90161 027 \*\*\*150.00 Principal Place of Business Mailing Address 24850 OLD 41 ROAD, SUITE 27 24850 OLD 41 ROAD, SUITE 27 BONITA SPRINGS FL 34112-34135-7024 BONITA SPRINGS FL 34135-7024 711624 US 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 65-0677404 Not ∸. ..... Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOOLEY, JOHN F Street Address (P.O. Box Number is Not Acceptable) 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling 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 11. , 12. Shepherd, Mark 24850 old us 41 Read TITLE ☐ Delete TITLE Change SHEPHERD, MARK NAME NAME 10681 AIRPORT ROAD, #21 STREET ADDRESS STREET ADDRESS Suite 27 CITY-ST-ZIP Bonita Springs, FL. 34135-7024 CITY-ST-ZIP NAPLES FL 34109 TITLE ☐ Delete TITLE ☐ Addition HOOLEY, JOHN F NAME NAME 4532 TAMIAMI TRAIL EAST STE 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change - Addition TITLE .... ☐ Delete = TITLE Shepherd, Aaron N. SHEPHERD, AARON N NAME 24850 old US 41 Road NAME STREET ADDRESS 5388 3RD AVE, NW STREET ADDRESS Bonita Springs, FL. 34135-7024 CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 41. 图 21.1 36 章 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR