2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P9600057906 May 22, 2000 8:00 am 1. Entity Name Secretary of State PARRISH & MOORE, P.A. 05-22-2000 90002 049 ***150.00 Mailing Address Principal Place of Business 2171 PINE RIDGE ROAD STE D 2171 PINE RIDGE ROAD STE D NAPLES FL 34109-2002 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0680188 Not Applicable Country Zip _y \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARRISH, JON D Street Address (P.O. Box Number is Not Acceptable) 2171 PINE RIDGE ROAD STE D NAPLES FL 34109 Zip Code FL 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. Atter 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 OFFICERS AND DIRECTORS 12. 11. Delete Addition TITLE TITLE NAME PARRISH, JON D NAME STREET ADDRESS STREET ADDRESS 2171 PINE RIDGE ROAD STE D CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Change Addition Delete TITLE TITLE NAME MOORE, MICHAE G NAME STREET ADDRESS STREET ADDRESS 2171 PINE RIDGE ROAD STE D C/TY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12.

CAZE034 19/93

name appears in Block 11 or Block 12 506 944-566-2013