2001 UNIFORM BUSINËSS REPORT (UBR)

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SIGNATURE:

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000063656** T. H. F. OF FT. MYERS. INC. 01-26-2001 90163 049 ***158.75 Principal Place of Business Mailing Address 15531 SOUTH TAMIAMI TRAIL 3790 TAMIAMI TRAIL NORTH NAPLES FL 34103 FT MYER\$ FL 33908 3. Mailing Address 1573; SooTh TAMIAMITER 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LT. MYERS City & State 4. FEI Number Applied For 65-0697370 Not Applicable Zip Country \$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 HILL, JR L J Street Address (P.O. Box Number is Not Acceptable) 15485 SOUTH TAMIAMI TRAIL FT MYERS FL 33908 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible 1. FILE NOW III. FEE IS \$150.00. After MAY 1, 2001 Fee will be \$550.00. (See criteria on back) Make Check Payable to Department of State \$5.00 May Be OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Delete TITLE ☐ Addition HILL. LEONARD J JR. NAME NAME STREET ADDRESS 15485 SOUTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Addition TITLE ☐ Delete TITLE ☐ Change HILL, DORIS E NAME NAME STREET ADDRESS STREET ADDRESS 15485 SOUTH TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 TITLE ☐ Delete TITLE Change ☐ Addition HILL, LENE A NAME NAME 15485 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Addition Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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 19.07(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 receives 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 iemen.... For trustee em Pita an address