2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State DOCUMENT # P97000009766 1. Entity Name CALOOSA ENTERPRISES, INC. 05-08-2000 90179 028 ***158.75 Principal Place of Business Mailing Address 912 DOLPHIN SE 912 DOLPHIN DR CAPE CORAL FL 33904-5922 CAPE DORAL FL 33904 US Principal Place of Business 3. Mailing Address 412 DOLPHIN DRIVE P.O. BOX 000001Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State itv & State 65-0731111 FLORIDA toe Collai Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICE, EDWIN O JR Street Address (P.O. Box Number is Not Acceptable) 912 DOLPHIN DR CAPE CORAL FL 33904 City Zip 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PST Change Addition Delete TITLE RICE, EDWIN O JR. EDWIN O. RICE JR. NAME 912 DOLPHIN DR STREET ADDRESS 912 DOLPHIN DRIVE STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7/P CITY-ST-ZIP CAPE CORAL, GL. 33904 ☐ Delete TITLE Change TITLE MARY V. RICÉ NAME NAME 912 DOUPHIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 339104 CITY-ST-ZIP APE WRAL, FL. Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRI

04/21/00

941-542-0719

Daytime Phone #