2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P97000013061 1. Entity Name RAY SEPANSKI, P.A. 04-05-2001 90309 001 ***300.00 Principal Place of Business Mailing Address 200 L' AMBIANCE CIRCLE., #206 200 L' AMBIANCE CIRCLE., #206 NAPLES FL 34108 NAPLES FL 34108 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 65-0726797 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEPANSKI, RAY Street Address (P.O. Box Number is Not Acceptable) 200 L'-AMBIANCE-CIRCLE: #206 ---NAPLES FL 34108 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 DATE 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 After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE Delete TITLE SEPANSKI, RAY NAME NAME 200 L' AMBIANCE CIRCLE., #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Change Maddition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS 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 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: OR PRINTED NAME OF SIGNING OFFICER OR D Daytime Phone # SIGNATURE AND TYPED