2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P97000019201 HEAGERTY INVESTMENTS, INC. 04-17-2000 90103 014 ***150.00 Principal Place of Business Mailing Address 1401 MANATEE AVE. WEST STE 610 1401 MANATEE AVE. WEST STE 610 SUITE 810 SUITE 810 BRADENTON FL 34205-6770 **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. DO NOT WRITE IN THIS SPACE vite 4. FEI Number Applied For 65-0743209 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRON, ANDRE R ESQ. Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVENUE WEST **BRADENTON FL 34205** 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. 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE HEAGERTY, JAMES J JR. NAME NAME STREET ADDRESS STREET ADDRESS 1401 MANATEE AVENUE WEST #810 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Daytime Phone #