2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P97000024199 L & G MANAGEMENT CONSULTANTS, INC. 01-29-2001 90070 045 ***150.00 Mailing Address Principal Place of Business 104 78TH STREET P.O. BOX 1548 HOLMES BEACH FL 34218 HOLMES BEACH FL 34217 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3432248 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent Name KELLY, CHARLES M JR Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY **SUITE 315** NAPLES FL 34105 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE LA TORRE, L. DONALD NAME 104 78TH ST STREET ADDRESS STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

.A I OKKE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED