2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P97000034695 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** NEVCO SYSTEMS, INC. 02-29-2000 90121 008 ***150.00 Mailing Address Principal Place of Business 4100 GOODLETTE ROAD 4100 GOODLETTE ROAD SUITE 250 SUITE 250 NAPLES FL 34103 NAPLES FL 34103-3300 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 59-346 1890 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSSENBACHER, J R Street Address (P.O. Box Number is Not Acceptable) THE GULFSHORE BUILDING 4100 GOODLETTE RD, STE 250 NAPLES FL 34103 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. **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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Change Addition Delete TITLE TITLE GROSSENBACHER, LYNETTE NAME NAME 4100 GOODLETTE RD STE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE GROSSENBACHER, ROBERT NAME 4100 GOODLETTE RD STE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Change ☐ Addition ☐ Delete TITLE NAME ZIELSKE. PAUL NAME 4100 GOODLETTE RD STE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZIELSKE, JENNIFER NAME NAME STREET ADDRESS 4100 GOODLETTE RD STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Change ☐ Addition Delete TITILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

01/31/2000