2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Mar 25, 2002 8:00 am § Secretary of State P97000066697 DOCUMENT # 1. Entity Name 03-25-2002 90100 022 ***150.00 FCC PROPERTIES, INC. Principal Place of Business Mailing Address 15391 CANONGATE DR. 15391 CANONGATE DR. FT. MYERS FL FT. MYERS FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0787617 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY ST. FT. MYERS FL 33901 City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 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 11. TITLE & TITLE ☐ Change ☐ Addition Delete NAME * GLASER, DON NAME STREET ADDRESS 15820 KILMARNOCK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 ☐ Change X Addition Delete TITLE WILDER, WARREN NAME NAME ROGERS, JACK 7936 GLENFINNAN CIRCLE STREET ADDRESS STREET ADDRESS 15941 GLENISUE WAY FT. MYERS PL 33912 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 ☐ Change TITLE Delete TITLÉ Addition DP NAME NĂME JOHNSON, CARL STREET ADDRESS STREET ADDRESS 15221 TWEEDALE CIRCLE CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33912 Delete ☐ Change X Addition TITLE TITLE DT PEARSON, PAUL NAME NAME CALLANS, THOMAS 15520 GREENOCK LANC STREET ADDRESS STREET ADDRESS 15161 CANONGATE DR. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS PL 33912 FT. MYERS FL 33912 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME HOLLAND, EARL STREET ADDRESS STREET ADDRESS 15270 KILBIRNIE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 ☐ Change TITLE ☐ Delete TITLE ☐ Addition WIEWALD, RICHARD NAME NAME STREET ADDRESS 15501 QUEENSFERRY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33912 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

SIDENT

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