2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P97000093891 SUN BIRD TRAVEL COMPANY 03-15-2000 90057 048 ***150.00 Mailing Address Principal Place of Business 4947 TAMIAMI TRAIL NORTH 4947 TAMIAMI TRAIL NORTH NAPLES FL 34103-3026 NAPLES FL 34103 00037653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0792339 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 Name DILLEY, MERRILL Street Address (P.O. Box Number is Not Acceptable) 1280 GRAND CANAL DRIVE NAPLES FL 34103 City 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 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE DILLEY, MERRILL NAME NAME STREET ADDRESS STREET ADDRESS 1280 GRAND CANAL DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Change ☐ Addition Delete TITLE NAME SMITH, BOB NAME 5172 32ND AVE. S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Change ☐ Addition _ De ete TITLE TITLE NĀMĖ SMITH, OPAL NAME STREET ADDRESS 5172 32ND AVE S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Change ☐ Addition De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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. 430 000