2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000103105** Apr 26, 2000 8:00 am Secretary of State BEVAN & CO. INC. 04-26-2000 90212 003 ***158.75 Mailing Address Principal Place of Business 5876 ENTERPRISE PKWY 1200 MASANABO LANE PT-MYERS FL 33919-1632 FT MYERS FL 33905 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0800526 Not Applicable Country Country \$8.75 Additional Zıp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name BEVAN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1200 MASANABO LANE FT MYERS FL 33919 **了新国家工作的** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. (NOTE: Registered Agent signature required when reinstating) ed 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE BEVAN, ANDREW NAME STREET ADDRESS STREET ADDRESS 1200 MASANABO LANE CITY-ST-7IP CITY-ST-ZIP FT MYERS FL 33919 ■ Addition ☐ Change TITLE □ Delete BEVAN, BRIAN NAME STREET ADDRESS STREET ADDRESS 1200 MASANABO LANE CITY-ST-ZIP CITY-ST-ZIP_ FT MYERS FL 33919 Addition ☐ Change ☐ Delete TITLE BEVAN, JANE NAME STREET ADDRESS STREET ADDRESS 1200 MASANABO LANE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 ☐ Change Addition TITLE TITLE Delete BEVAN, LISA NAME NAME STREET ADDRESS STREET ADDRESS 1200 MASANABO LANE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 94/9394900

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