2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P97000104461 Apr 04, 2000 8:00 am **Secretary of State** WCRJ2Z, INC. 04-04-2000 90034 013 ***150.00 Mailing Address Principal Place of Business 24840 BURNT PINE DRIVE 24840 BURNT PINE DRIVE SUITE 4 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134-7929 3. Mailing Address 2. Principal Place of Business 3741 BAY CREEK DAVE 3741 BAY CREEK DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3494332 BONITA SPRINGS Not Applicable \$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 ROKER H. ZANITSCH CARVER, DOUGLAS 24840 BURNT PINE DRIVE SUITE 4 **BONITA SPRINGS FL 34134** BONITA SPRINGS 8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy it 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS **PSTD** TITLE CR2E034 (9/98) TITLE Delete CARVER, DOUGLAS J NAME NAME STREET ADDRESS 24840 BURNT PINES DR. SUITE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ De¹ete TITLE TITLE Robert C. James Robert C. Vamer 3713 Bay Creek Drive Bonita Siprings-FEL 34134. — Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Michael Zanko NAME NAME 3680 Lakement Drie STREET ADDRESS STREET ADDRESS Boints Springs, FL 34134 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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-7IP 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 of 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.

H. Zanitsch (P) 3/25/00 94/448-3033