FILED

2001 UNIFORM BUSINESS REPORT (UBR)

10 HANNE

WALLACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

May 03, 2001 8:00 am Secretary of State DOCUMENT # P97000105688 AMBERJACK CONSULTING, INC. 05-03-2001 90969 035 ***150.00 Principal Place of Business Mailing Address 2222 BEACON LANE 2222 BEACON LANE NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address RIVER DR 3400 PEACE RIVER DR 3400 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PUNTA GORDA Cyy & State Applied For 4. FEI Number 65-0809411 GORDA FL Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 33983 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, JOHANNE S Street Address (P.O. Box Number is Not Acceptable) 2222 BEACON LANE NAPLES FL 34103 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, 2001 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. **PSD** Change ☐ Addition TITLE TITLE __ Delete WALLACE, JOHANNE S NAME 3400 PEACE RIVER DR 2222 BEACON LANE STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE WALLACE, ROBERT J NAME NAME 3400 PEACE RIVER DR. PUNTA GORDA, FL 33983 2222 BEACON LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of 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 air attachment with an address, with all other like empowered.