20 11 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRIN

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2001 8:00 am Secretary of State DOC#JMENT # P97000108655 1. Entity Name TLI, INC. 04-25-2001 90031 008 ***150.00 Principal Place of Business Mailing Address 6056 WATERWAY BAY DRIVE 6056 WATERWAY BAY DRIVE FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0805632 Not Applicable Zip Country Zip 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 Hawkes HAWKES, IAN Street Address (P.O. Box Number is Not Acceptable) 6056 WATERWAY BAY DRIVE FORT MYERS FL 32962 Waterway 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, dr 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition ☐ Delete TITLE TITLE Hawkes, Ian NAME HAWKES, IAN MAME Losse Waterway Bay Drive STREET ADDRESS STREET ADDRESS 6056 WATERWAY BAY DRIVE CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 32962 TITLE Delete TITLE Hawkes, 5 ylvia NAME HAWKES, SYLVIA NAME LOSG Waterway Bay Dive Fort Myers FC 33908-4443 STREET ADDRESS 6056 WATERWAY BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 32962 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its 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 mpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an a er like empowered.