2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000003768 Mar 21, 2001 8:00 am 1. Entity Name **Secretary of State** PINE ISLAND HOLDINGS CORPORATION 03-21-2001 90008 022 ***150.00 Principal Place of Business Mailing Address 2780 S. Horseshoe Dr. 2780 S. Horseshoe Dr. Suite 1 Suite 1 Naples, FL Ann35129 34104 Naples, FL 34104 2. Principal Place of Business 3. Mailing Address 2780 S. Horseshoe Dr. 2780 S. Horseshoe Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite l</u> Suite_l City & State 4. FEI Number Applied For Naples, FL 34104 Not Applicable Naples, FL 34104 59-3487058 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paul R. Alford Ferris, Carl W. Street Address (P.O. Box Number is Not Acceptable) 2780 S. Horseshoe Drive Sea Pointe Penthouse One South 10 Seagate Drive Suite 1 Naples, FL 34103 Zip Code **34104** Naples 8. The above named entim 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 its Intangible After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Payable to Department of State. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change DCS TITLE TITLE ☐ Addition Delete NAME NAME Ferris, CarliW. 10 Seagate Dr., S STREET ADDRESS STREET ADDRESS Sea Pointe PH1 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME Ferris, Constance F. STREET ADDRESS STREET ADDRESS 10 Seagate Dr., Sea Pointe PHl CITY_ST-ZIP CITY-ST-ZIP Naples 7 = FL = 34103TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Alford, Paul R. 2780 S. Horseshoe Drive, Suite 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34104 ☐ Delete TITLE ☐ Change Addition 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 CITY-ST-7IP ' Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Paul R. Alford

Alford, President 3/13/01

941-643-7900

Daytime Phone #