2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED Mar 15, 2001 8:00 am Secretary of State **DOCUMENT # P9800005236** NOTTINGWOOD HOLDINGS, INC. 03-15-2001 90207 008 ***150.00 Principal Place of Business Mailing Address 8191 COLLEGE PARKWAY #300 8191 COLLEGE PARKWAY #300 FORT MYERS FL 33919 FORT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0815350 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 8191 COLLEGE PARKWAY #300 FORT MYERS FL 33919 Zip Code FL 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 DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. S/T/D Change ☐ Addition ☑ Delete TITLE TITLE DERBYSHIRE, JAMES NAME NAME Derbyshire, Suzanne J. STREET ADDRESS 215 ORENDA RD., #300/BRAMPTON ONTARIO STREET ADDRESS #12-2000 The Collegeway CITY-ST-ZIP CITY-ST-ZIP CANADA L6T 5L1 Mississauga, Ontario, Canada L5L Addition ☐ Delete Change : TITLE DERBYSHIRE, SUZANNE J NAME Derbyshire, Suzanne J. NAME 215 ORENDA RD., #300/BRAMPTON ONTARIO STREET ADDRESS STREET ADDRESS #12-2000 The Collegeway CITY-ST-ZIP. CANADA-L6T-5L1 CITY-ST-ZIP _ Mississauga, Ontario, Canada L5L 519 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME 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-ZIP ☐ Addition ☐ Change . AITLE TITLE 成的可能等自發表 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