2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000023562** May 16, 2000 8:00 am Secretary of State GULF BAY ADVERTISING AGENCY, INC. 05-16-2000 90081 014 ***150.00 Mailing Address Principal Place of Business 4001 TAMIAMI TRAIL N., SUITE 350 4001 TAMIAMI TRAIL N., SUITE 350 NAPLES FL 34103-3555 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 3470 Club Center Blvd 3470 Club Center Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE) Number City & State 59-3508854 Not Applicable Naples, FL Naples, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 34114 34114 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR., SUITE 710 NAPLES FL 34018 Zip Code 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE DINARDO, ANTHONY NAME NAME 3470 Club Center Blvd. 4001 TAMIAMI TRAIL N., SUITE 350 STREET ADDRESS STREET ADDRESS 34114 Naples, FL CITY-ST-7IP NAPLES FL 34103 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE PARISI, JOSEPH L NAME 3470 Club Center Blvd. STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TRAIL N., SUITE 350 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34114 NAPLES FL 34103 Change ☐ Addition ☐ Delete TITLE WOODARD, MARK J NAME NAME 801 LAUREL OAK DR., SUITE 710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P NAPLES FL 34108 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Change ■ Addition □ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



3/23/00

(941)237-9400

Daytime Phone #