2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000029430 Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** FORTUNE 2000 PROPERTIES, INC. 03-20-2000 90014 044 ***150.00 Principal Place of Business Mailing Address 4001 TAMIAMI TR N. STE 265 4001 TAMIAMI TR N. STE 265 NAPLES FL 34103-8733 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 69-3518467 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required ~7.~Name and Address of New Registered Agent~ 6. Name and Address of Current Registered Agent Name EURO-AMERICAN CONSULTING, INC. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TR N, STE 265 NAPLES FL 34103 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 11. OFFICERS AND DIRECTORS 12. lice President Jansen, Gerd **X** Addition PTD Change ☐ Delete TITLE TITLE Hansen, ROTERMUND, ULLI NAME 4001 Tamiami Trail N, # 265 STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TR N. STE 265 Naples, FL 34103 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34103 Vice President **VSD ▼** Addition TITLE TITLE □ Delete Filthaut, Rainer HINRICHSEN ROTERMUND, JUTTA NAME NAME 4001 Tamiami Trail N., # 265 STREET ADDRESS STREET ADDRESS 4001 TAMIAMI TR N, STE 265 Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Vice Presidenț Addition ☐ Change TITLE ☐ Delete Orthmann, Richard 4001 Tamiami Trail N, # NAME NAME 265 STREET ADDRESS STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

941-643-1131

Daytime Phone #