2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2000 8:00 am Secretary of State DOCUMENT # P98000049949 FJH. INC. 02-13-2000 90021 025 ***150.00 Mailing Address Principal Place of Business 914 SW 3RD AVENU € 914 SW 3RD AVENU€ CAPE CORAL FL 33991 - 2505 CAPE CORAL FL 33991-2505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0842057 Not Applicable Country 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 Name HEIDEKER, FRED J HEIDEKER, FRED J -1810 S.E. 11TH AVENUE 914 SW 3rd Avenue CAPE CORAL FL 33990-4577 Cape Coral, Fl. 33991-2505 Street Address (P.O. Box Number is Not Acceptable) 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. Fred J. Heideker President 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Addition Delete TITLE TITLE HEIDEKER, FRED J NAME NAME 914 SW 3rd Avenue STREET ADDRESS 1810 S.E. 11TH AVENUE STREET ADDRESS Cape Coral, F1 33991-2505 Vice President CITY-ST-ZIP CITY-ST-ZIP GAPE CORAL FL 33990-4577 ☐ Delete TITLE TITLE 914 Sw 3rd Avenue HEIDEKER, PAMELA DENISE NAME NAME STREET ADDRESS STREET ADDRESS 1810 S.E. TITH AVENUE Cape Coral, Fl 33991-2505 CITY-ST-ZIP CITY-ST-ZIP **GAPE CORAL FL 33990-4577** TITLE " " ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Detete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.