FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000050402 B & D OF ESTERO, INC. 05-11-2001 90291 038 ***158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DR 4500 EXECUTIVE DR STE 300 STE 300 NAPLES FL 34119 NAPLES FL 34119 HS 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. STRAND CT. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3526093 Applied For 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 NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITI F HARDY, ROBERT S NAME NAME 4500 EXECUTIVE DR #300 STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE ROLFES, RICHARD NAME NAME 1016 GRAND ISLES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-7IP Change Delete KELLY, JANET 5672 STRAND CT. #1 ☐ Addition TITLE TITLE KELLY, JANET NAME NAME 4500 EXECUTIVE DR #300 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-7IP NAPLES FL 34119 CITY-ST-71P Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1016 GRAND ESLE DRIVE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (941) 597-9888 Date Date Phone #