2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P98000051059** DAMON AND ANDERSON, P.A. 04-30-2001 90125 032 ***150.00 Principal Place of Business Mailing Address 3300 BONITA BEACH RD, SUITE 117 3300 BONITA BEACH RD. SUITE 117 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 80041968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3526637 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMON, DARRYL E Street Address (P.O. Box Number is Not Acceptable) 3300 BONITA BEACH RD, SUITE 117 **BONITA SPRINGS FL 34134** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWIH FEE IS \$160.00 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) Wake Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DITLE ☐ Delete TITLE □ Change Addition DAMON, DARRYL E NAME NAME 3300 BONITA BEACH RD, SUITE 117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** C:TY-S*-ZIP TITLE Delete THILE Change Addition NAME NAME STREE" ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZiP TITLE Delete 7011.8 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP TITL F ☐ De:ete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACORESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addit.on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; that I am an officer or director of the corporation or the receiver or trustee emprevered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 f of the corporation or the receiver or trustee emchanged, or on an attachment with an address other like empowered

PRINTED NAME OF SIGNING