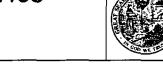
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000064198



CLYDE C. QUINBY REALTY, INC.

FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90204 038 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City FL 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. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP NAPLES FL 34105	pplied For ot Applicable Iditional ed
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2082969 Ao No	pplied For lot Applicable diditional ed
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2082969 Ao No	pplied For lot Applicable diditional ed
City & State Country Country Tip City Change Tip Change Change Change Change Change City-ST-Zip NAPLES FL 34105	oplied For lot Applicable lditional ed de and accept
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City FL 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. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP NAPLES FL 34105	ot Applicable Iditional ed de de and accept
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City FL 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. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP NAPLES FL 34105	ot Applicable Iditional ed de de and accept
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City FL 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. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PT QUINBY, CLYDE C 3765. N AIRPORT ROAD, SUITE 201 NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105	de and accept
OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City City FL 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. I am familiar with, it the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) FL Signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added Change Change STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105	and accept
OUINBY, CLYDE C 3765 N AIRPORT ROAD, SUITE 201 NAPLES FL 34105 City FL 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. I am familiar with, in the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 Street Address (P.O. Box Number is Not Acceptable)	and accept
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, at the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	and accept
NAPLES FL 34105 City FL 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. I am familiar with, the obligations of registered agent. 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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP City	and accept
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part	and accept
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part	and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PT QUINBY, CLYDE C NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP OATE (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) DATE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105	00 May Be
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE PT Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP PS. DELECTION Campaign Financing Type Added Trust Fund Contribution. Tr	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE PT Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP PS. DELECTION Campaign Financing Type Added Trust Fund Contribution. Tr	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE PT Delete TITLE NAME QUINBY, CLYDE C STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP	7 10 1 002
TITLE PT Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34 105 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZIP	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Addition
CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP	
40 88	
TITLE SD Delete TITLE Change	Addition
NAME QUINBY, PEARL NAME	
STREET ADDRESS 3765 N AIRPORT ROAD, SUITE 201 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP	
TITLE Delete TITLE Change	☐ Addition
STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change	
NAME . NAME	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Addition
TITLE Delete TITLE Change	☐ Addition
NAME NAME	
	☐ Addition
STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: