2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

KOBERTI ROGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED DOCUMENT # P98000087809 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** MRBD, INC. 01-21-2000 90049 028 ***150.00 Principal Place of Business Mailing Address 98 VINEYARDS BOULEVARD 98 VINEYARDS BOULEVARD NAPLES FL 34119-4747 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0873365 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 ROGERS, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 98 VINEYARDS BOULEVARD NAPLES FL 34119 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PROCACCI, MICHAEL NAME NAME 98 VINEYARDS BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE ROSE, RON NAME NAME 210 MONTEREY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PASCAVIS, BERYL NAME 6611 GLEN ARBOR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE ☐ Defete TITLE ☐ Change Addition NEVIASER, DAN NAME STREET ADDRESS 5890 VIA LAGANO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 VST ☐ Delete TITLE Change ☐ Addition TITL F ROGERS, ROBERT F NAME NAME STREET ADDRESS 98 VINEYARDS BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 ☐ Delete TIT1 F Change ☐ Addition 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