2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # P98000105723 Secretary of State ARONSON FINANCIAL CONSULTANTS, INC. 02-27-2001 90001 002 ***150.00 Principal Place of Business Mailing Address 15268 FIDDLESTICKS BLVD. 15268 EMOLESTICKS BLVD. FORT MYERS FL 33912 FORT MYERS FL 33912 C0024335 2. Principal Place of Business 125 W/ND W RAD 3. Mailing Address 125 WINDWIND DO NOT WRITE IN THIS SPACE City & State 65-0882679 4. FEI Number Applied For FL Not Applicable \$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 ARONSON, GERALD R 125 WINDWARD DR Street Address (P.O. Box Number is Not Acceptable) -16268 FIDDLESTICKS-BLVD: PALM BEACH GARDON FORT MYERS FL 33912-Zip Code 33418 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Change : TITLE ☐ Delete TITLE aronson, gerald r NAME NAME 125 WINDWARD DRIVE 15268 FIDDLESTICKS BLVD. STREET ADDRESS STREET ADDRESS PALM BEACH GALDEN FZ 33418 FORT-MYERS FE 33912 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ARONSON, SUSAN G NAME NAME PARM BEACH CARLOENS FL 334/8 15268-FIDDLESTICKS-BLVD. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP. ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing obes 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 if true and focurate 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 employered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lopo

561-776-4295

Daytime Phone #