2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000107081 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

| Making Address 127 E CAPE CORAL PARKWAY 199 CAPE CORAL PARKWAY 2. Principe Place of Business Suite, April 4, etc. City 5 Strice Country Country Country Country A. FEI Number 65-C085035 A. FEI Number | MEDEIROS & ASSOCIATES, INC. | | | | | | | 03-17-20 | 003 91074 0 | 48 ***15 | 50.00 |
|--|--|--|---------------------|----------------------|---------------------|--|---|-----------------------------|-------------------|--------------|----------------|
| Suite Apt #, etc. City & State Country Country Country S. Neme and Address of Current Registered Agent T. Neme and Address of Status Desired \$8.75 Additional Fee Required Fee Requir | 1217 E. CAPE CORAL PARKWAY 1217 E. CAPE CORAL PARKWA #159 #159 | | | | | - We WE | | | | | |
| City & State Ci | 2. Principal P | lace of Business | 3. Mailing Address | | | | 1 | | | | |
| City & State Country | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | - | .∐ CHECK HE | DE IE MAKING | CHANGES | : |
| Zip Country Zip Country Sip Country S. Certificate of Status Desired Set Set Address of Current Registered Agent T. Name and Address of New Registered New T. Name and Address of New Registered New T. Name and Address of New Registered New T. | | | City & Crata | | | | A FE | | | | |
| B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Street Address of New Registered Agent Name Street Address of New Registered Agent Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent Agent Agent Agent | City & State | e | City | | | | 4. [| 65-08850 | | N | lot Applicable |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | Country | Zip | | Coun | itry | 5. Ce | ertificate of Status Desire | | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) CORP. CORAL, FL. 33990 City FL. Zip Code 8. The above named entry submiss this statement for the purpose of changing its registered editic or registered signs. or both, in the State of Florida. I am familiar with, and accept 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 INTEL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEL 10. OFFICERS AND DIRECTORS INTEL | | 6. Name and Address of Curren | t Registere | | | | 7. Name and Address of New Registered Agent | | | | |
| LUSK, DRASTES & TOLISANO, P.A. 202 DEL PRADO BLVD. CAPE CORAL FL 33990 8. The above named entity submits this statement for the purpose of changing is registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent the nemensory. FILE NOW! FILE NOW! FILE | DRASITES THOMAS F | | | | | | | | | | |
| R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature, Sypation printed rame of ingitimed agent and the it application. Recommendation of the printed agent and the it application. (NOTE Registered agent, or both, in the State of Fiorida. I am familiar with, and accept the the obligations of registered agent. Signature Signature, Sypation of printed crame of ingitimed agent and the it application. (NOTE Registered Agent signature required when recolation). DATE | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature, hybrid or preted rame of registered agent and tills it applicable. (NOTE: Registered Agent signature register department of State DATE | 202 DEL F | PRADO BLVD. | | | | | | | | | |
| SIGNATURE Signature, types or printed rame of inglatence agent and title dispersable. (NOTE: Registence Agent signature required when remaiting) DATE | CAPE CORAL FL 33990 | | | | | City | | | FL | Zip Co | de |
| FILE NOW!! FEE IS \$150.00 May be added to Feese Payable to Florida Department of State 10. | | | or the purp | oose of changing its | register | ed office or registe | ered ager | nt, or both, in the State o | f Florida. I am f | amiliar with | , and accept |
| After May 1, 2003 Fee will be \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. | SIGNATURE . | Signature, typed or printed name of registered ager | it and title if app | plicable. (NOT | E: Registere | nd Agent signature require | ed when rein | stating) | DATE | | |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET | F After | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 | | | ·+ | | | | | | |
| MEDEIROS, AIDA STRETA DORESS CITY-ST-ZP CAPE CORAL FL 33904 TITLE MAME STRETA DORESS CITY-ST-ZP TITLE | | | | I DRS | 11. | | ADD | DITIONS/CHANGES TO | OFFICERS AND | DIRECTO | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-S | NAME STREET ADDRESS | MEDEIROS, AIDA 1217 E. CAPE CORAL PARKWA | Y | Delete | NAM STRI | IE EET ADDRESS | | | | ☐ Change | ☐ Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP 12. Hereby continuted the information supplied with this filing close not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information | NAME STREET ADDRESS | | | Delete | NAM STR | AE EET ADDRESS | | | | Change | ☐ Addition |
| | NAME STREET ADDRESS CITY-ST-ZIP | | th this fills | | NAM STR CITY | AE EET ADDRESS (-ST-ZIP | Section 1 | 19 07(3)(i) Florida Statu | tes further cer | | |

of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if