2003 FOR PROFIT CORPORATION

SIGNATURE:

UN	IFORM BUSINE	:55 REPOR	T (UBR)		ć
1. Entity Nam		00108455		Secretary of State 01-27-2003 90349 002 ***150.00	¥
Principal Plac 1495 RAIL HE STE 15 NAPLES FL 3		Mailing Address 1495 RAIL HEAD BLVD STE 15 NAPLES FL 34110			
2. Principal P	lace of Business	3. Mailing Address		-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	е	City & State		4. FEI Number 59-3551169 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	8. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	~-
			Name		
KOCH, D/ 1495 RAIL SUITE 15	AVID R HEAD BLVD		Street Address	(P.O. Box Number is Not Acceptable)	
NAPLES F	FL 34110		City	FL Zip Code	i
	named entity submits this statement fo ions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	od when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State	,	9. Election Campaign Financing , \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	DPST KOCH, DAVID R	□ Delete	TITLE .	☐ Change ☐ Addition	10/02)
STREET ADDRESS CITY-ST-ZIP	1495 RAIL HEAD BLVD STE 15 NAPLES FL 34110		STREET ADDRESS CITY-ST-ZIP		CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALERIO, JOSEPH G 1495 RAIL HEAD BLVD STE #15 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	S
TITLE NAME	NAI EES TE SATTO	Delete	TITLE NAME	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the corp	on this report or supplemental report is	s true and accurate and that m exercute execute this report a	ly signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	