2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED DOCUMENT # P99 (20000 14 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** RELOCATION RESOURCES OF SOUTHWEST FLORIDA, INC. 03-31-2000 90049 021 ***150.00 Principal Place of Business Mailing Address 3255 Tamiami Trail N. 3255 Tamiami Trail N. Naples, FL 34103 Naples, FL 34103 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3554277 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURE TOO. WOOD, PHILLIP R. 3255-Tamiami-Trail-North Street Address (P.O. Box Number is Not Acceptable) Naples, FL 34103 City Zip Code FL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE Delete TITLE President Director NAME NAME Phillip R. Wood STREET ADDRESS STREET ADDRESS 3255 Tamiamii Trail North CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34103 Vice President Change ▼ Addition TITLE ☐ Delete TITLE Director NAME NAME John R. Wood 3255 Tamiami Trail N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34103 Treasurer/Secretary ☐ Delete ☐ Change ★ Addition TITLE TITLE Director Dorothy D. Babcock NAME NAME STREET-ADDRESS: STREET ADDRESS 3255 Tamiami Trail N. CITY-ST-ZIP CITY-ST-ZIE Naples, FL 34103 Asst. Vice Pres. ▲ Addition Change ☐ Delete TITLE TITLE Jerelyn J. Cobb 3255 Tamiami Trail N. NAME NAME STREET ADDRESS STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP CITY - ST- 7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other/like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-261-6622