2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # P99000011599 THE REITZ COMPANIES, INC. 03-07-2000 90026 030 ***150.00 Mailing Address Principal Place of Business 188 JOHNNY CAKE DRIVE 188 JOHNNY CAKE DRIVE NAPLES FL 34119-1222 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business 5630 18th Avenue, N.W. 5630 18th Avenue, N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Naples, Florida Naples, Florida 59-3557858 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34119 34119 US US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RETTZ, GALA J Street Address (P.O. Box Number is Not Acceptable) REITZ, GALA J 188 JOHNNY CAKE DRIVE 5630 18th Avenue, N.W. NAPLES FL 34110 Naples 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. Registered Agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\square X$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **K** Change ▼ Addition P/T/D ☐ Delete TITLE NAME REITZ, DOUGLAS J RETTZ, DOUGLAS J NAME STREET ADDRESS STREET ADDRESS 188 JOHNNY CAKE DRIVE 5630 18th Avenue, N.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Naples, FL 34119 Change Addition ☐ Defete TITI F TIT! F V/S/D NAME REITZ, GALA J NAME REITZ, GALA J STREET ADDRESS STREET ADDRESS 188 JOHNNY CAKE DRIVE 5630 18th Avenue, N.W. CITY-ST-ZIP ... CITY-ST-ZIP NAPLES FL-34110 Naples, FL 34119 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flue 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 in accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receipt changed, or on an attachment

Douglas J.