2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90139 024 ***150.00

DOCUMENT # P99000015763

Entity Name
CREET, CHANDLER, & ASSOCIATES, INC.

Principal Place of Business
7750 GARDNER DR #201
NAPLES, FL 34109

Mailing Address
7750 GARDNER DR
UNIT #201
NAPLES, FL 34109

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3775 AIRPORT RD.	3775 AIRPORT RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES, FL
Zip: 34105 Country:	Zip: 34105 Country:

4. FEI Number: 65-0897419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLINT C. HOLLAND 7750 GARDNER DR #201 NAPLES, FL 34109	Name: CLINT C. HOLLAND Street Address (P.O. Box Number is Not Acceptable): 3775 AIRPORT RD City: NAPLES FL Zip Code: 34105

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: CLINT C. HOLLAND [signature] 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT / TREASURER NAME: CLINT C. HOLLAND STREET ADDRESS: 7750 GARDNER DR #201 CITY-ST-ZIP: NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS: 3775 AIRPORT RD CITY-ST-ZIP: NAPLES, FL 34105	☒ Change ☐ Addition
TITLE: VICE PRESIDENT / SECRETARY NAME: CLYDE C. QUINBY, III STREET ADDRESS: 2400 COACH HOUSE LANE CITY-ST-ZIP: NAPLES, FL 34105	☐ 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
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13. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature] 4/25/00 941-435-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #