2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 22, 2000 8:00 am Secretary of State DOCUMENT # P99000022672 LELAND PROFESSIONAL CENTER, INC. 01-22-2000 90003 042 ***150.00 Mailing Address Principal Place of Business 13356 ROSEWOOD LANE 13356 ROSEWOOD LANE NAPLES FL 34103-2250 NAPLES FL 34119 900109 Principal Place of Business AND RULF SHOKE BLUD N F SADLE BLUD N. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable Country S-A \$8.75 Additional .5. Certificate of Status Desired 🕒 🗔 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen CONROY, J. THOMAS III 3838 TAMIAMI TRAIL NORTH SUITE 402 NAPLES FL 34103 City 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 (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. KEINENT ☐ Delete TITLE D'JAMOOS, JOSEPH E NAME NAME 13356 ROSEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34119 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 leport 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 a proper like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR