2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am Secretary of State DOCUMENT # P99000027310 HEISER & CO., INC. 03-02-2000 90011 020 ***150.00 Principal Place of Business Mailing Address 3261 LAKEVIEW DR. 3261 LAKEVIEW DR. NAPLES FL 34112-5821 NAPLES FL 34112 C0028681 2. Principal Place of Business 3261 LAKCVICW 3. Mailing Address 3261 Lakenew Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0710923 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEISER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3261 LAKEVIEW DR. NAPLES FL 34112 Zip Code City 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 agent and title if applicable. DATE (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 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE HEISER, RICHARD NAME NAME STREET ADDRESS 3261 LAKEVIEW DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change ☐ Addition □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DILE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

941-775-0691

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Daytime Phone #