2080 UNIFORM BUSINESS REPORT (URR) FILED DOCUMENT # P99000046904 00 APR -3 AM 7:57 PATRICIA A. BLACK, P.A. SECRETARY OF STATE TAELAHASSEE, PLOMDA Mailing Address Principal Place of Business 2430_SHADOWLAWN-DR-SUITE 18 2430-SHADOWLAWN-DR: SUITE 18 NAPLES FL 34112 NAPLES EL 34112-4801 3. Mailing Address 2. Principal Place of Business DEAN 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **SUIT**に SUITE 10 Applied For FEI Numbe City & State Not Applicable Country of \$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: Name BLACK, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 2430 SHADOWLAWN DR, SUITE 18 NAPLES FL 34112 The purpose of changing its registered office or registered agent, or both, in the State of Florida this statement for 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signiture required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its inta-\$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 · ', '* • 11. OFFICERS AND DIRECTORS ☐ De ete TITLE TITLE NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-7IP Addition Change . ☐ D∈lete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tustee ampowered to accurate his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if D NAME OF SIG