2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000052753 May 11, 2000 8:00 am Secretary of State 1. Entity Name MONARCH ARCHITECTS, CO. 05-11-2000 90232 001 ****75.00 05-11-2000 90232 002 ****75.00 Principal Place of Business Mailing Address C/O PORTER, WRIGHT, MORRIS & ARTHUR, LLP C/O PORTER, WRIGHT, MORRIS & ARTHUR, LLP 5801 PELICAN BAY BLVD., SUITE 300 5801 PELICAN BAY BLVD., SUITE 300 NAPLES FL 34108-2709 NAPLES FL 34108-2709 2. Principal Place of Business 3. Mailing Address 790 Willowbrook Drive 790 Willowbrook Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 306 Suite 306 City & State City & State 4. FEI Number Applied For Not Applicable Naples, FL Naples, FL 59-3082045 Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 34108 USA 34108 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNNER, S. DRESDEN ESQ. Street Address (P.O. Box Number is Not Acceptable) 5801 PELICA BAY BLVD. SUITE 300 NAPLES FL 34108-2709 Zip Code City g. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be *3 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 South F 17/17/19 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete TITLE ☐ Change X Addition John R. D'Amelio NAME NAME 790 Willowbrook Drive STREET ADDRESS STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP CITY-ST-ZIP -V/S ☐ Change X Addition TITLE ☐ Delete TITLE NAME Dennis S. Escobar NAME 584 First Avenue South STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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 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

al 1500 941-566-8901

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attact

SIGNATURE:

Daytime Phone #