FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # P99000053845 Secretary of State 1. Entity Name FOP 66, INC. 05-01-2001 90128 025 ***150.00 Principal Place of Business Mailing Address 23300 HARPER AVENUE 23300 HARPER AVENUE PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address 23300 Harper Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Charlotte, FL City & State 4. FEI Number 65-0924703 Applied For Not Applicable Zíp 33980 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Charlotte: Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VOGEL, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 23300 HARPER AVENUE PORT CHARLOTTE FL 33980 City Zip Code 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 Robert Voce1 / President and not title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE ☐ Delete TITLE ☐ Change AITCHISON, WILLARD NAME NAME 22343 MONTROSE AVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-7IP CITY-ST-ZIP TITLE Addition TITLE Delete Change BASKETFIELD, WILLIAM NAME NAME 11330 SW ESSEX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE SUZY FL 34266 CITY-ST-7IP XI Change TITLE Delete TITLE ■ Addition BELL, ALTON--Bell, Alton 24000 Rampart Blvd. #113 NAME #NAME 1374 SALYENS STREET STATE ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP Port Charlotte, Fl. 33980 TITLE Change ☐ Addition ☐ Delete TITLE CROWN, THOMAS NAME NAME 4157 DRIVER LANE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33981 CITY-\$T-ZIP CITY-ST-ZIP DOP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 1 VOGEL, ROBERT NAME NAME 5101 ALMAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE IMHOF, MARGARET NAME NAME 644 BLUE LANE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 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 changed, or on an attachment with an address, with all other like empowered.

Margaret M.G. Imhof

4-24-01