2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am § Secretary of State DOCUMENT # P99000059047 1. Entity Name 05-20-2002 90019 001 ***150.00 MAIDS 2000, INC. Principal Place of Business Mailing Address 5501 RATTLESNAKE HAMMOCK RD 12670 NEW BRITTANY BLVD UNITED 204 SUITE 101 NAPLES FL 34113 FORT MYERS FL 33907 2. Principal Place of Bus 3. Mailing Address P.O. Box 404 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Naples, FL 65-1063244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34106 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYSTON, ROBERT D JR Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS FL 33907 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE WOOD, JOAN F P.O BOY 404 NAME NAME STREET ADDRESS 5501 RATTLESNAKE P.O. Box 404 Hammock Rd STREET ADDRESS CITY-ST-7IP NAPLES FL-84143 34106 CITY-ST-ZIP Naples, FL 34106 TITLE ☐ Delete TITLE Change ☐ Addition NAME DOOLEY, WILLIAM JR NAME STREET ADDRESS P.O. BOX 12073 STREET ADDRESS P.O. Box 404 CITY-ST-ZIP NADLES FD 34101 CITY-ST-ZIP Naples, FL 34101 TITLE Delete TITLE -- - Change -- Addition NAME WOODS, JOAN F NAME STREET ADDRESS 5501 RATTLESNAKE HAMMOCK RD CITY-ST-ZIP NAPLES FL 34113 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true an ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered. of the corporation or the eceiver or trustee

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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NAME

SIGNATURE:

CITY-ST-ZIP

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☐ Delete

■ Addition

(9/01)