2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P9900060968 NAN DAVIS VAN EVERY ENTERPRISES, INC. 02-05-2001 90089 019 ***150.00 Mailing Address Principal Place of Business 1701 GROSVENOR 1701 GROSVENOR 6001 PELICAN BAY BLVD. 6001 PELICAN BAY BLVD. LINUW NAPLES FL 34108 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-3585759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX & NICI Street Address (P.O. Box Number is Not Acceptable) C/O JAMES R NICI 3001 TAMIAMI TRL. N, STE 100 NAPLES FL 34103 Zip Code City 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) 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Delete TITLE TITLE DPST EVERY, VAN NAME NAME VAN EVERY, NAN DAVIS 1701 GROSVENOR, 6001 PELICAN BAY BLVD. STREET ADDRESS STREET ADDRESS 1701 Grosvenor, 6001 Pelican Bay Blvd. NAPLES FL 34108 CITY-ST-ZIP CITY-ST-7IP Naples Florida 34108 DPST Change Addition THILE EVERY, NAN DACIS V NAME NAME 1701 GROSVENOR, 6001 PELICAN BAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 impowered. NAN DAVIS VAN EVERY JAN 24 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

SIGNATURE

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