

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000069198****1. Entity Name**  
**THE CONCIERGES DESK, INC.****Principal Place of Business**

1319 SOUTH EAST 19TH LANE

CAPE CORAL  
33990

FL

**Mailing Address**

1319 SOUTH EAST 19TH LANE

CAPE CORAL  
33990

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**  
8086 QUEEN PALM LANESuite, Apt. #, etc.  
317**City & State**City & State  
FORT MYERS FL**Zip****Country**Zip  
33912**Country****4. FEI Number****65-0942824****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BRIANT WILLIAM EIII  
6808 PANTHER LANE, B-7FORT MYERS  
33919

US

FL

**7. Name and Address of New Registered Agent****Name**

BRIANT WILLIAM EIII

**Street Address (P.O. Box Number is Not Acceptable)**

8086 QUEEN PALM LANE

317

City  
FORT MYERS

FL

Zip Code  
33912**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 WILLIAM E. BRIANT III**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/30/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
TREA  
BRIANT WILLIAM EIII  
8086 QUEEN PALM LANE #317  
FORT MYERS FL 33912**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VP  
FRIEDL RONALD A  
4790 S. CLEVELAND AVENUE #3104  
FORT MYERS FL 33907**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PRES  
DELAQUILA JOE E  
1319 S.E. 19TH LANE  
CAPE CORAL FL 33990**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.****SIGNATURE WILLIAM E. BRIANT III**

TREA 04/30/2000