2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000077318 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name READY QUICK LEASING, INC. 04-11-2000 90233 038 ***150.00 Mailing Address Principal Place of Business 2323 DEL PRADO BLVD.. UNIT 7 2323 DEL PRADO BLVD., UNIT 7 CAPE CORAL FL 33990-4611 CAPE CORAL FL 33990 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARY: DAVID W ~ ~~ Street Address (P.O. Box Number is Not Acceptable) 1325 C DEL PRADO BLVD. CAPE CORAL FL 33990 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE TITLE ROBNOLTE, CAROL NAME STREET ADDRESS 3619 SE 17TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition ☐ Delete TITLE Change TITLE ROBNOLTE, DOUGLAS NAME NAME 3619 SE 17TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE HUDER; FRANKLIN R NAME NAME PRADO BING MAIT7 2323 DEL PRADO BLVD., UNIT 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33990 CITY-ST-ZIP TITLE ☐ Delete TITLE HUDER, BEVERLY M NAME NAME 2323 DEL PRADO BLVD., UNIT 7 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR