## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000078967 1. Entity Name FLORIDA BAY LEASING, INC. 05-11-2001 90064 020 \*\*\*150.00 Principal Place of Business Mailing Address 3200 BAILEY LANE. SUITE 117 3200 BAILEY LANE, SUITE 117 NAPLES FL 34105 NAPLES FL 34105 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 4. FEI Number 65-0945207 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEPHERD, NICK Street Address (P.O. Box Number is Not Acceptable) 3200 BAILEY LN., STE 117 NAPLES FL 34105 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE SHEPHERD, NICK NAME NAME 3200 BAILEY LN., STE 117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information expert 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 elempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup-indicated on this report or supplemental of the corporation or the receiver or true s, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR