200 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000081210 1. Entity Name 04-03-2001 90225 017 ***150.00 SOUTHWEST FLORIDA INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1633 PERIWINKLE WAY 1633 PERIWINKLE WAY SUITE A SUITE A C0041496 SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0947705 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURTY, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957 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 NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. CR2E034 (9/99) ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME IANNELLI, THEODORE J STREET ADDRESS STREET ADDRESS 1710 DIXIE BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 ☐ Change ☐ Addition Delete TITLE NAME İANNELLI, JAMES 1710 DİXİE BEACH BLVD. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP SANIBEL FL 33957 ☐ Change ☐ Addition TITLE TITLE SEC Delete NAME NAME MURTY, TIMOTHY J STREET ADDRESS STREET ADDRESS 1633 PERIWINKLE WAY, CITY-ST-ZIP CITY-ST-ZIP SANIBEL EL 33957 ☐ Delete ☐ Change ☐ Addition TITLE TITLE TRES. NAME NAME ST. CLAIR, RONALD W STREET ADDRESS STREET ADDRESS 1703 BREEZY ACRES ROAD CITY-ST-ZIP CITY-ST-7IP ORWIGSBURG PA 17961 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

TINTOTHY J MURTE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3.24.01 941-472-1000

FILED