2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P99000081404 1. Entity Name FMC CAPITAL GROUP, INC. 04-10-2001 90083 021 ***150.00 Mailing Address Principal Place of Business 201 EIGHTH STREET SOUTH #107 201 EIGHTH STREET SOUTH #107 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address 800 LAUREL DAK DR. LAUREL OAK DR. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd FLOOR 2NO FLOOR Applied For City & State 4. FEI Number City & State 59-3598089 FL Not Applicable FL VAPL \$8.75 Additional Country 5. Certificate of Status Desired Fee Required COLLIER COLLIER 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DENNIS hroeder Street Address (P.O. Box Number is Not Acceptable) SCHROEDER, DENNIS B 201 EIGHTH STREET SOUTH #107 LAUREL DAK NAPLES FL 34102 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. Change ☐ Delete TITLE **DCEO** TITLE SCHROEDER, DENNIS NAME NAME SCHROEDER, DENNIS B 800 LAUREL OAK DR. STREET ADDRESS STREET ADDRESS 201 EIGHTH STREET SOUTH #107 NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 **X** Change ☐ Delete TITLE DST TITLE SCHROEDER, Judith A NAME NAME SCHROEDER, JUDITH A 800 LAUREL OAK DRIVE, 2nd fla STREET ADDRESS STREET ADDRESS 201 EIGHTH STREET SOUTH #107 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34102 Change - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 a 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. B. SCHROEDER

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE A TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP