## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000090824 May 16, 2000 8:00 am Secretary of State 1. Entity Name EQUITY BUILDERS OF S.W. FLORIDA, INC. 05-16-2000 90120 028 \*\*\*150.00 Principal Place of Business Mailing Address C/O ROBERT D. ROYSTON, JR. 1008 NE 7TH TERRACE SUITE A CAPE CORAL FL 33909-3100 PO DRAWER 60205 FORT MYERS FL 33906-6205 2. Principal Place of Business 3. Mailing Address 1015 SE 13th Street-Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 65-0961709 Cape Coral Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33990 USA -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROYSTON, ROBERT D JR Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITANY BLVD., SUITE 101 FORT MYERS FL 33907 Zip Code 8. The above named tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P,S,T Change [ J Addition D TITLE ☐ Delete TITLE FROST, WAYNE B MAME NAME 1715 SE 13th Street STREET ADDRESS STREET ADDRESS 1008 NE 7TH TERRACE SUITE A Cape Coral, FL 33990 CITY-ST-ZIP CAPE CORAL FL 33909-3100 CITY-ST-ZIP Addition ☐ Change X Delete TITLE WINSTON, STUART NAME 1008 NE 7TH TERRACE SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909-3100 Change \_\_ 🔲 Addition ☐ Delete TITLE TITLE . 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 received 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:

APR, 26, 2000 941-671-2052