2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P99000094070 NAPLES/DALLAS VENTURE, INC. 01-18-2000 90167 029 ***150.00 Mailing Address Principal Place of Business 8889 PELICAN BAY BLVD. SUITE 303 8889 PELICAN BAY BLVD. SUITE 303 AUUU5722 NAPLES FL 34108 NAPLES FL 34108-7512 2. Principal Place of Business 3. Mailing Address JAME GC Above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. EN Applied For City & State City & State Not Applicable 360807-2 \$8.75 Additional Zip Country Zip 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 KLAAS, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BLVD, SUITE 303 NAPLES FL 34108 Zip Code FL ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en SIGNATURE FILE NOW!!! 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Sa./Tras./Director Addition ☐ Delete TITLE TITLE KLÁAS, RICHARD L NAME STREET ADDRESS STREET ADDRESS 8889 PELICAN BAY BLVD, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KLAAS, BRIAN J STREET ADDRESS STREET ADDRESS 8889 PELICAN BAY BLVD, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP NAPLES_FL 34108 VANSIDONT DINGLA TÎTLE Change Addition Delete TITLE KLAAS, RALPH B NAME NAME STREET ADDRESS STREET ADDRESS 8889 PELICAN BAY BLVD, SUITE 303 CITY-ST-ZIP CITY-\$T-ZIP NAPLES FL 34108 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 4. 2 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 and overed 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.

BRIMI.

RINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: