2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000109527 Jun 01, 2000 8:00 am 1. Entity Name **Secretary of State** GREETHAM INVESTMENTS, INC. 06-01-2000 90276 007 ***150.00 Principal Place of Business Mailing Address 685 15TH AVENUE SOUTH 685 15TH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3619410 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAW, LESTER B ESQ. Street Address (P.O. Box Number is Not Acceptable) **5811 PELICAN BAY BOULEVARD** SUITE 600 NAPLES FL 34108 Zip Code City FL 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. 5/1/00 Lester B. Law SIGNATURE Signature, typed or printed 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. 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 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE President and Treasurer ☐ Delete NAME Mary G. Greetham STREET ADDRESS STREET ADDRESS 685 15th Avenue South CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102-7440 ☐ Addition ☐ Change ☐ Delete Vice President NAME NAME Lynn G. Krigbaum STREET ADDRESS STREET ADDRESS 2254 Pine Lake Road CITY-ST-ZIP CITY-ST-ZIP Pinetop, AZ 85935 ☐ Change ☐ Addition TITLE Secretary ☐ Delete TITLE NAME James S. Greetham, Jr. STREET ADDRESS STREET ADDRESS 704 Vernon Heights Blvd. CITY-ST-ZIP CITY-ST-ZIP <u> Marion. OH 43302</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.