2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **S04643** ROBERT FEHR CORPORATION 04-28-2000 90024 027 ***150.00 Mailing Address Principal Place of Business 6911 LIVINGSTON WOODS LANE 6911 LIVINGSTON WOODS LANE NAPLES FL 34109-3837 NAPLES FL 33999 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0219265 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired \Box Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEHR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6911 LIVINGSTON WOODS LANE NAPLES FL 33999 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete FEHR, ROBERT NAME NAME 2 STREET ADDRESS 6911 LIVINGSTON WOODS LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE-☐ Chánge Addition TITLE 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-7/P

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 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. ROBERT FEHR) 4/18/00

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR