2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S08840 Mar 30, 2000 8:00 am Secretary of State RETAINERS PLUS INC. 03-30-2000 90036 001 ***150.00 Principal Place of Business Mailing Address 18576 WINTER HAVEN RD 18576 WINTER HAVEN RD FT MYERS FL 33912 FT MYERS FL 33912-3534 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-023 1843 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRISON, CANDY Street Address (P.O. Box Number is Not Acceptable) 18576 WINTER HAVEN RD FT MYERS FL 33912 City Zip Code 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Trift E ☐ Change ☐ Addition TITLE MORRISON, CANDY L. NAME NAME 18576 WINTER HAVEN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Change ☐ Addition ☐ Delete TITLE TITLE MORRISON, JOSHUA M. NAME NAME 18576 WINTER HAVEN RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. MYERS FL CITY-ST-ZIP ST Change Addition ☐ Delete TITLE TITLE MORRISON, JON M. NAME NAME 18576 WINTER HAVEN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL.. CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTT: 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 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.

Candy L. Morrisón

HTED WAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: