2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # \$22085** 1. Entity Name DIXIE LEE BALL, P.A. 01-29-2000 90034 015 ***150.00 Principal Place of Business Mailing Address 1201 CAPE CORAL PARKWAY 1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904-9604 CAPE CORAL FL 33904 DOSTEROR 2. Principal Place of Business 3. Mailing Address 1420 SE 47TH STREET 1420 SE 47TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0235216 CAPE CORAL, FLORIDA CAPE CORAL, FLORIDA Not Assume ... Country Country \$8.75 Additional 5. Certificate of Status Desired 33904 33904 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALL, DIXIE LEE Street Address (P.O. Box Number is Not Acceptable)
1420 SE 47TH STREET 1201 CAPE CORAL PARKWAY CAPE CORAL FL 33904 CAPE CORAL 8. The above named entity stramits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (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. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PST ***Change ☐ Addition TITLE ☐ Delete TITLE NAMET, 1 g BALL, DIXIE LEE NAME STREET ADDRESS 1201 CAPE CORAL PKWY STREET ADDRESS 1420 SE 47TH STREET CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP 33904 CAPE CORAL, FL **XX**Change Addition TITLE ☐ Delete BALL. DIXIE LEE NAME NAME 1420 SE 47TH STREET STREET ADDRESS 1201 CAPE CORAL PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33904 CAPE CORAL FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP Channe Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of rustee 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: