2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # \$42785** 1. Entity Name CAROL LODER, INC. 01-26-2000 90182 007 ***150.00 Principal Place of Business Mailing Address 901 REEF POINT CIRCLE 901 REEF POINT CIRCLE #10 NAPLES FL 34108 NAPLES FL 34108-8772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0253611 Not A. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LODER; CAROL -- - -- -- -- --Street Address (P.O. Box Number is Not Acceptable) 901 REEF POINT CIRCLE #10 NAPLES FL 34108 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILENOVAR FEETSISASOO 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 9. This corporation is eligible to satisfy its Intangible. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Mare Greek Rayable to Department of States OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** ☐ Delete TITLE Change TITLE ☐ Additior LODER, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 901 REEF POINT CIRCLE, #10 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Chanoe ☐ Addition TITLE ☐ Delete 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 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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR