2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **S43390** Jan 27, 2000 8:00 am **Secretary of State** SCRUB N BUBBLES OF NAPLES, INC. 01-27-2000 90036 011 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 7224 POST OFFICE BOX 7224 NAPLES FL 34101-7224 NAPLES FL 33941-7224 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0246257 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name MILLER, CATHERINE M Street Address (P.O. Box Number is Not Acceptable) 241 EVERGLADES BLVD N NAPLES FL 34120 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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. Added to Fees 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 12. 11. PD Delete Addition TITLE CR2E034 (9/99) TITLE MILLER, CATHERINE M. NAME NAME STREET ADDRESS 541 EVERGLADES BLVD N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE NAME NAME 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-ZIP ☐ Change Addition ☐ Delete TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

941-353-5159

Daytime Phone #