2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # S50768 1. Entity Name 05-02-2002 90155 016 ***158 FINANCIAL BUILDING CORPORATION, INC. Principal Place of Business Mailing Address 4800 AIRPORT ROAD **4800 AIRPORT ROAD** NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0260689 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, HENRY PAUL Street Address (P.O. Box Number is Not Acceptable) 800 SEAGATE DRIVE SUITE 204 NAPLES FL 33940-2896 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition Delete TITLE TITLE UNJIENG. WILLIAM CU NAME NAME 4800 AIRPORT ROAD #13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE MANUEL, EDITH NAME NAME FELICITAS DELA ROMA 4800 AIRPORT ROAD #37 STREET ADDRESS STREET ADDRESS 4800 Airport Road CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples, FL 34105 Change - Addition TITLE Delete-TITLE VĎ NAME CHAN, VICKI NAME CHAN, VICKI 4800 AIRPORT ROAD #511 STREET ADDRESS STREET ADDRESS 4800 Airport Road CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples, FL 34105 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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 CITY-ST-ZIP 13. 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 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

FILED