2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State **DOCUMENT # \$55636** SUN & COMFORT ESTATES, INC. 03-28-2000 90064 002 ***150.00 Principal Place of Business Mailing Address 237 JOEL BLVD 12670 NE BRITTANY BLVD. LEHIGH ACRES FL 33972 SUITE 101 U\$ FT MYERS FL 33907 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0267527 Not Applicable Zip Country Zip 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 ROYSTON, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE; Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Addition SCHWARZMEIER, WILLI NAME NAME STREET ADDRESS 237 JOEL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33972** DVP TITLE ☐ Delete TITLE Change ☐ Addition NAME PIETRASCH, JOSEF STREET ADDRESS 237 JOEL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33972** TITLE Delete TITLE ☐ Change ☐ Addition NAME PIETRASCH, CHRISTINE NAME STREET ADDRESS 237 JOEL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33972** ☐ Delete Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

CITY ST-ZIP