2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # \$86041** SWALM & BOURGEAU, P.A. 02-12-2001 90007 004 ***150.00 Principal Place of Business Mailing Address 2375 TAMIAMI TRAIL NORTH 2375 TAMIAMI TRAIL NORTH SUITE 308 SUITE 308 NAPLES FL 34103 NAPLES FL 34103 US 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 65-0288258 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 Name SWALM, JOHN M. III Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL NORTH SUITE 308 NAPLES FL 33940 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SWALM, III, JOHN M NAME DAVID C. BOURGEAU 2375 TAMIAMI TRAIL NORTH, SUITE 308 STREET ADDRESS STREET ADDRESS 2345 TAMIAMI TRAIL #308 NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 TITLE TITLE Addition **Delete** ☐ Change MURRELL, ROBERT E. CARRIE J. CANALES NAME NAME 2375 TAMIAMI TRAIL NORTH, SUITE 308 2375 TAMIAMI TRAIL, #308 NAPLES, FL 34103 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 💢 Delete ☐ Change ☐ Addition SAMOUCE, ROBERT C NAME NAME 2375 TAMIAMI TR. N., STE. 308 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

CITY-ST-7IP

TED NAME OF SI