2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 amg Secretary of State **DOCUMENT #** V59058 1. Entity Name ROSS TEIGEN, LUTHIER, INC. 05-28-2002 91725 001 ***150.00 Principal Place of Business Mailing Address 4744 GOLDEN GATE PARKWAY P.O. BOX 990421 NAPLES FL 33999 NAPLES FL 33999 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 59-3084003 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 TEIGEN, ROSS Street Address (P.O. Box Number is Not Acceptable) 830 11TH STREET, NW NAPLES FL 33964 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition TEIGEN, ROSS NAME NAME 830 11TH STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 33964 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME TEIGEN, JULIE NAME STREET ADDRESS 830 11TH STREET NW STREET ADDRESS CITY-ST-ZIP NAPLES FL 33964 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TIT! F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

Ross L. Teigen

(9/01) CR2E034