FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State V60504 DOCUMENT # 1. Entity Name 04-24-2002 90297 008 ***150.00 NAPLES REALTY SERVICES, INC. Mailing Address Principal Place of Business 4099 TAMIAMI TRL N 4099 TAMIAMI TRL N NAPLES FL 34103 NAPLES FL 34103 U\$ 2. Principal Place of Business 4480 Tam. am, Tra, 3. Mailing Address e same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0352958 Not Applicable Nuples Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent STEINWAND, JOHN A Street Address (P.O. Box Number is Not Acceptable) 4099 TAMIAMI TRAIL N. NAPLES FL 33940 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE STEINWAND, JOHN A NAME NAME 4099 TAMIAMI TRAIL NO. STREET ADDRESS STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE SAROSDY, MARK NAME NAME STREET ADDRESS STREET ADDRESS 4099 TAMIAMI TRL N CITY-ST-ZIP NAPLES FL 33940 CITY-ST-ZIP ☐ Change ☐ Addition TITLE VΡ Delete TITLE NAME SMITH, LEMUEL I NAME STREET ADDRESS STREET ADDRESS 5170 10TH AVE SW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEE, GINNY NAME NAME 4099 TAMIAMI TRAIL N STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE VENTRESS, WILLIAM NAME NAME 8171 BAY COLONY DR UNIT 1901 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME

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 of 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 amount of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amount of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WOHNDA. STEINWAND