2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 369702 Apr 13, 2000 8:00 am Secretary of State SELECT REAL ESTATE, INC. 04-13-2000 90029 043 ***150.00 Principal Place of Business Mailing Address 12 EGUN PARKWAY SE 12 EGLIN PARKWAY SE FORT WALTON BEACH FL 32548-5422 FORT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1302422 Not Applicable 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 Name SODEC, JOHN JR Street Address (P.O. Box Number is Not Acceptable) 921 LIGHTHOUSE RD FORT WALTON BEACH FL 32547 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 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. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SPT ☐ Addition TITLE ☐ Delete TITLE NAME SODEC, JOHN, JR. NAME STREET ADDRESS 554 SANTA ROSA BLVD S108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.WALTON BCH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME MCCARTHY, JAMES S F NAME STREET ADDRESS STREET ADDRESS 200 WYNNE HAVEN BCH RD CITY-ST-7IP --CITY-ST-ZIP~~ MARY ESTHER FL Addition ☐ Delete TITLE Change TITLE NAME REED. MARJORIE K NAME STREET ADDRESS STREET ADDRESS 2 LONGWOOD DR CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32579 ☐ Addition Delete TITLE ☐ Change TITLE NAME MCGUIRE, CLIFFORD G NAME STREET ADDRESS STREET ADDRESS 16 MARINERS LANE CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 3259 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empowered to execute this lapst as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or Block 12 if changed, or on any attachment with an address, with all of tertific symptoms.

Broker/VP 04/10/2000 850-243-3102