2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # 734830** CANTERBURY TOWERS, INC. 04-19-2001 90316 004 ****70.00 Principal Place of Business Mailing Address 3501 BAYSHORE BLVD 3501 BAYSHORE BLVD **TAMPA FL 33629 TAMPA FL 33629** 951747 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 59-1782481 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) BOGGS, JACKSON E 501 KENNEDY BLVD STE 1700 TAMPA FL 33602 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIT) F ☐ Delete TITLE ☐ Change Addition CR2E037 (10/00 WOOD, PARKER C NAME NAME 160 COLUMBIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition HODES, RICHARD NAME NAME STREET ADDRESS 2611 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL Delete TITLE TITLE ☐ Change ☐ Addition TAPLEY, JOHN NAME NAME STREET ADDRESS 315 E. MADISON STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP \overline{PD} TITLE ☐ Delete TITLE ☐ Change Addition BOGGS, JACKSON E NAME NAME 501 E KENNEDY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Delete Change TITLE TITLE Addition MASSEY, HOYT B, REV NAME NAME **UPPER WALKER RD RTE 1** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAYNESVILLE NO TITLE ☐ Delete TITLE Change Addition CONNER, DOUGLAS B. NAME NAME STREET ADDRESS STREET ADDRESS 4906 SAINT CROIX DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33601**

12. I hereby certify that the information supplied with his 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR