2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # N00000006089 1. Entity Name GOODHOMES OF MANASOTA, INC. 05-28-2002 91691 039 ****61.25 Mailing Address Principal Place of Business 7501 BRADENTON RD 7501 BRADENTON RD SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 1540 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0953161 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34236 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBERTS, DONALD L 7501 BRADENTON RD SARASOTA FL 34243 8. The aboye named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE 🔀 Delete NAME ROBERTS, DONALD L NAME STREET ADDRESS STREET ADDRESS 7501 BRADENTON RD CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34243 Addition Change TITLE TITLE PATTERSON, JOHN NAME NAME 46 N WASHINGTON BLVD, SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 C-Chaiman P- Directoff Change Donald L. Roberts 1540 Main 5t TITLE ☐ Delete TITLE ROBERTS, DONALD L NAME NAME 7501 BRADENTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 DST TITLE ☐ Addition ☐ Delete TITLE PATTERSON, JOHN NAME NAME STRÉET ADDRESS 46 NORTH WASHINGTON BLVD, #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P SARASOTA FL 34236 VCD ☐ Addition ☐ Change □ Delete TITLE HUNTER, JOHNNY S NAME NAME 3006 GOODRICH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 emporiered 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 impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02

941.953.3302

Daytime Phone #