FILED Jul 04, 2002 8:00 am

FOR PROFIT CORPORATION 🗯 🚐 UNIFORM BUSINESS REPORT (ÛBR)

Secretary of State DOCUMENT #20100047968 07-04-2002 90547 044 ****35.00 1. Entity Name COUNTRY HOMES + LAND REAL ESTATE GROW, INC DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 24080 NW 144 AUE. E. HICKPOCHE 276 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. UNIT Applied For 4. FFI Number Okeechobee, Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) N. FEDGICAL HWY IN THIS SPACE Zip Code City Kee chobel nits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida a. The above named entity subtr SIGNATURE Signature, typed or pri January 1 - May 1 Fee is \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Amended UBR is \$61.25 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. CR2E034B (12/01 $P \cdot D$ TITLE CHARLES F. SVIRK, JR. 24080 NW 144 AVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME. STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE NAME

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 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 of russed empowered to 8 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an entire with attachment with an addres

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTO

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned submits the fold the State of Flo	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid corporation organized under the laws of the State of FLORIDA lowing statement in order to change its registered office or registered agent orida. The corporation: Country Homes ELand Real Estat	t, or both, in
2. The mailing	address of the corporation: 24080 NW 1444 Avenue	
3. Date of inco	orporation/qualification: 5/8/01 Document number: Police	000047968
4. The name an	nd address of the current registered agent and office:	
	RUBIN , STEVEN D.	
	980 N. FEDERAL HWY SIE 434	
	BOLA RATON FL 33432	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)		
	CHARLES F. SVIRK, JR.	
	24080 NW 144 \$ AVE.	
	Okeechobee & 34972	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.		
authorized by t	vas Authorized by resolution duly adopted by its board of directors or by an che board of directors or by an che board of directors or by an characteristic directors or by an c	officer so
CHARLES	F. SVIRK, JR. PRESIDENT (Printed or typed name and title)	
Having been n corporation, I I further agree performance o registered ager	amed as registered agent and to accept service of process for the above sta hereby accept the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the proper and com ffmy duties, and am familiar with and accept the obligation of my position	ted capacity. iplete i as
If signing on beha	0.0	
CHARLE	Typed or Printed Name) (Capacity)	

* * * FILING FEE: \$35.00 * * *