2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P93000005032

Entity Name: PREFERRED PROPERTIES OF GAINESVILLE, INC.

Current Principal Place of Business:

4061 NW 43 ST.
SUITE 16
GAINESVILLE, FL 32606

New Principal Place of Business:

4915 NW 43 ST
GAINESVILLE, FL 32606

Current Mailing Address:

4061 NW 43 ST.
SUITE 16
GAINESVILLE, FL 32606

New Mailing Address:

4915 NW 43 ST
GAINESVILLE, FL 32606

FEI Number: 59-3163673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVEY, RAYMOND M P.A.
4041 NW 37 PLACE
SUITE B
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MOTT, BONNIE
Address: 4061 NW 43 STREET, SUITE 16
City-St-Zip: GAINESVILLE, FL 326064579

Title: VP ( ) Delete
Name: VARNES, CANDACE M
Address: 4061 NW 43 STREET, SUITE 16
City-St-Zip: GAINESVILLE, FL 326064579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MOTT, BONNIE
Address: 4915 NW 43 STREET
City-St-Zip: GAINESVILLE, FL 326064579

Title: VP (X) Change ( ) Addition
Name: VARNES, CANDACE M
Address: 4915 NW 43 STREET
City-St-Zip: GAINESVILLE, FL 326064579

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE H. MOTT DPS 04/23/2003

Electronic Signature of Signing Officer or Director — Date