2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like eme

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P97000005572 1. Entity Name SRS AFFORDABLE HOUSING GROUP III, INC. 05-01-2002 91461 045 ***158.75 Principal Place of Business Mailing Address 615 CRESCENT EXECUTIVE COURT 615 CRESCENT EXECUTIVE COURT STE. 120 STE. 120 LAKE MARY FL 32746 LAKE MARY FL 32746 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 59-3421875 Not Applicable Zip Country Zip 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 Name GRAY, N. DEWAYNE JR Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD. STE. 1100 ORLANDO FL 32801 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NAME BROCK, TODD L NAME STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE. 120 escent Executive Ct. Suitale STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP **DVPT** ⊰Ä Delete TITLE NAME WOLF, JOHNSON L NAME STREET ADDRESS 615 CRESCENT EXECUTIVE CT. STE 120 Crescent Exec. Ct. Suite 120 STREET ADDRESS CITY_ST-ZIP LAKE MARY-FL-32736 CITY-ST-ZIP-TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #