2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State S55433 DOCUMENT # 1. Entity Name 05-28-2002 91727 003 ***150.00 CEDAR HOUSE PROPERTIES, INC. Principal Place of Business Mailing Address 79 CEDAR STREET 79 CEDAR STREET ~~~nn40 ST. AUGUSTINE FL 32084-1311 ST. AUGUSTINE FL 32084-1311 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 65-0265735 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 THOMAS, RUSSELL E. Street Address (P.O. Box Number is Not Acceptable) 79 CEDAR STREET ST. AUGUSTINE FL 32084-1311 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition THOMAS, RUSSELL E. NAME NAME **79 CEDAR STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME BEW, KELLIE L NAME STREET ADDRESS 675 GOODRICH DRIVE STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP **VPS** ☐ Delete TITLE ☐ Change Addition NAME THOMAS, ANITA NAME STREET ADDRESS 79 CEDAR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE FL 32084 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMAS, RUSSELL E III NAME STREET ADDRESS 736 SEGOVIA RD STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 of

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002

904.8290079

FILED

Daytime Phone #