2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # V46539 1. Entity Name 02-11-2002 90199 044 ***150 00 ALL FLORIDA REALTY & AUCTION CO. Principal Place of Business Mailing Address 4308-1ST ST E 3401WILDERNESS BLVD W 040006 SUITE 378 PARRISH FL 34219 BRADENTON PL 34208 US 2. Principal Place of Business 3. Mailing Address MANATER AUGU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0343000 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRON, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 3401 WILDERNESS BLVD. WEST PARRISH FL 34219 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. name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Delete TITLE ☐ Change Addition TIPLE HERRON, BRIAN NAME NAME 3401 WILDERNESS BLVD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-7IP PARRISH FL 34219 ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE HERRON, DIANNA C NAME STREET ADDRESS 3401 WILDERNESS BLVD W STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

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 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Z EBOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

FILED