2001 UNIFORM BUSINESS REPORT (UBR)

Marchaller.

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000015519 SELECT GROUP HOMES, INC. 04-26-2001 90243 046 ***150.00 Principal Place of Business Mailing Address 4730 30TH ST W 4730 30TH ST W **BRADENTON FL 34207** BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suito. Act. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3497690 Not Applicable Zip Country 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 FELDMAN, MARC H Street Address (P.O. Box Number is Not Acceptable) 3908 26TH ST W **BRADENTON FL 34205** 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 Fiorida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 31318 ☐ Delete TITLE FLIS, FRED T MAME MAME 6108 26TH ST W STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP **BRADENTON FL 34207** CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition BLACKBURN, MARY JANE NAME MAME 6108 26TH ST W STREET ADDRESS STREET ADDRESS CITY - ST- ZIP **BRADENTON FL 34207** 0.TY-S7-7P T!TLF ☐ Delete T!T: E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIE CITY-ST-Z:P TITUE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 empediate 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. In the information 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 empediate 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR