FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed or on an attachment w Hugh Anderso

SIGNATURE: by

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Hugh Anderson, President

1/30/01

954-767-0079

Feb 08, 2001 8:00 am **DOCUMENT # 253818** Secretary of State 1. Entity Name HUGH ANDERSON REALTY, INC. 02-08-2001 90383 045 ***150.00 Principal Place of Business Mailing Address 108 SE 8TH AVENUE 108 SE 8TH AVENUE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0965709 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 ANDERSON, HUGH A Street Address (P.O. Box Number is Not Acceptable) 108 SE 8TH AVE FT LAUDERDALE FL 33301 City Zio 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ANDERSON, HUGH A NAME NAME 531 INTRACOASTAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33304 CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplie indicated on this report or supplemental re of the corporation or the receiver or trulte. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if