05-19-2000 90007 030 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 269907 May 19, 2000 8:00 am 1. Entity Name HARTLEY REALTY CORP. Secretary of State Principal Place of Business Mailing Address 299 ALHAMBRA 299 ALHAMBRA STE 318 STE 318 CORAL GABLES FL 33134-5115 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Gity & State Applied For 4. FEI Number 59-1009089 Not Applicable \$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 HARTLEY, CARL W 935 PALERMO AVENUE, #1A CORAL GABLES FL 33134 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, VΩ PTD ☐ Addition TITLE M Delete TITLE HARTLEY, CARL W. HARTLEY, SHARON S NAME NAME 1314 HENRY AVE. 1620 S TREASURE DR STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34608-5117 NORTH BY VILLAGE FL CITY-ST-ZIP CITY-ST-ZIP VPSD ☐ Addition PTD M Delete TITLE TITLE HARTLEY, NANCY 1314 HENRY AVE HARTLEY, CARL W NAME 935 PALERMO AVENUE #1A STREET ADDRESS STREET ADDRESS Spring Hill, FL 34608-5117 CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE HARTLEY, NANCY S NAME 935 PALERMO AVENUE #1A STREET AODRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Change

Addition

Addition