2000 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2000 8:00 am DOCUMENT # 308919 Secretary of State DODD REALTY CORPORATION 02-13-2000 90006 042 ***158.75 Principal Place of Business Mailing Address 1801 N. WICKHAM ROAD 1801 N. WICKHAM IROAD MELBOURNE FL 32935-8155 PAATAAAA MELBOURNE FL 32935-8115 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1147975 Not Applicable Country Zip \$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 DODD JR., W. STANLEY Street Address (P.O. Box Number is Not Acceptable) 3625 MALLIE COURT MELBOURNE FL 32934 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change Addition ☐ Delete TITLE DODD JR, W. STANLEY NAME 3625 MALLIE COURT STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** CITY-ST-ZIP CITY-ST-ZIP ☐ Deletè Addition Change TITLE DODD, CAROLYN NAME STREET ADDRESS 3625 MALLIE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE_FL_32934 Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 of 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 an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE.

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

TITLE

STREET ADDRESS

CITY-ST-ZIP

Jan 31, 2000

(321) 259-9830

Daytime Phone #

☐ Change

Addition