FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State DOCUMENT # 370862 1. Entity Name 05-23-2002 90097 045 ***150.00 CLEARWATER PRESTIGE HOMES, INC. Mailing Address Principal Place of Business 27839 US HWY 19 N. % 7 DAYS LP GAS 27839 US HWY 19 NORTH STE. C STE C CLEARWATER FL 34621 CLEARWATER FL 34621 , 3. Mailing Addre Ane Ane Uinnerbe te, Apt. #, etc. UNEDIN DO NOT WRITE IN THIS SPACE City & State City& State 4. FEI Number Applied For 59-1361147 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUHN, DEBRA D. Street Address (P.O. Box Number is Not Acceptable) 1391 DINNERBELL LANE EAST **DUNEDIN FL 34698** City 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. 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)Change ☐ Addition TITLE **VP** ☐ Delete TITLE NAME NAME KUHN, VICTOR 1395 Dinnerbell LANE Dunedin FL 34698 CR2E034 795 COUNTY RD. 1, #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete PD NAME KUHN, VICTOR LYLE NAME STREET ADDRESS 1391 DINNERBELL LANE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** ☐ Change ■ Addition ☐ Delete TITLE TITLE STD KUHN, DEBRA NAME NAME STREET ADDRESS STREET ADDRESS 1391 DINNERBELL LANE EAST CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition 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 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.

Daytime Phone #

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR