2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # 391431 1. Entity Name PROGRESS HOMES, INC. 01-19-2000 90001 044 ***150.00 Mailing Address Principal Place of Business 1515 COUNTRY OAKS BLVD 1515 COUNTRY OAKS BLVD A0005807 LAKE WALES FL 33853 LAKE WALES FL 33853-8507 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 59-1379921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAY, HOWARD Street Address (P.O. Box Number is Not Acceptable) 1515 COUNTRY OAKS BLVD. LK WALES, FL LAKE WALES FL 33853 Zip Code City 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 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. Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD Delete Change Addition TITLE TITLE KAY, HOWARD NAME NAME 1515 COUNTRY OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LK WALES, FL 00000 33853 VD ☐ Change ☐ Addition Delete TITLE TITLE KAY, KEVIN NAME NAME 1455 COUNTRY OAKS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition □ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE: