2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 417389 Mar 13, 2000 8:00 am 1. Entity Name Secretary of State SUNCREST HOMES, INC. 03-13-2000 90060 039 ***150.00 Principal Place of Business Mailing Address 622 ERIN WAY OFFICE BROOKSVILLE FL 34601-3019 715 OAKDALE AVE **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1453009 Not Applicable Zip Country 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 COOK, ED J Street Address (P.O. Box Number is Not Acceptable) 622 ERIN WAY BROOKSVILLE FL 34601 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. cebte: [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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Change ☐ Addition TITLE TITLE ☐ Delete COOK, ED J NAME NAME 622 ERIN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE COOK, EDGAR J JR NAME NAME **404 SHARON ST** STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE CLARK, VICKIE C NAME NAME 622 ERIN WAY STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Edgar J. Cook, Jr. 3

3/8/00

352-796-6744

Daytime Phone #