2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 446946 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name KIRK & ASSOCIATES REAL ESTATE, INC. 04-19-2000 90106 043 ***150.00 Principal Place of Business Mailing Address 96000 O/S HWY 96000 O/S HWY **BUTTONWOOD BAY A7 BUTTONWOOD BAY A7** KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1515728 Not Applicable Zip Country Country \$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 KIRK, CHARLES L. Street Address (P.O. Box Number is Not Acceptable) MM 961/2 - A-7 KEY LARGO FL 33037 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** 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. ☐ Addition ☐ Delete TITLE TITLE KIRK, CHARLES L. NAME NAME STREET ADDRESS STREET ADDRESS MM 961/2 - A-7 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME 2490 SOUTH PARKIND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALIANDALÉ F ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME Dijkman, (Mrs.) Nelly STREET ADDRESS STREET ADDRESS 96000 O/S Hwy/ A-7 CITY-ST-ZIP CITY-ST-ZIP Key Largo, Fl. 33037 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.

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