2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am DOCUMENT # 455715 **Secretary of State** 1. Entity Name 02-07-2002 90185 033 ***150.00 FERBER LAND COMPANY Principal Place of Business Mailing Address 925 N. LIME AVE 925 N. LIME AVE SARASOTA FL 34237-3510 SARASOTA FL 34237-3510 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0366036 Not Applicable Zip 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 FERBER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 925 NORTH LIME AVENUE SARASOTA FL 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TIT) F Change NAME Ferber, Dan I. NAME STREET ADDRESS 808 HAMPTONWOOD CT STREET ADDRESS CITY-ST-ZIP SARAŞOTA FL CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME FERBER, PAULETTE K. NAME STREET ADDRESS 808 HAMPTONWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME Hunter, Jim STREET ADDRESS STREET ADDRESS 3836 MALEC CIRCLE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Change ☐ Addition HUNTER, CANDICE NAME STREET ADDRESS 3836 MALEC CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE: