2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 472258 May 17, 2000 8:00 am Secretary of State DRESCHER REALTY, INC. 05-17-2000 90902 050 ***150.00 Principal Place of Business Mailing Address 734 COLORADO AVE 734 COLORADO AVE STUART FL 34994 STUART FL 34994-3005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1577970 Not Applicable 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 DRESCHER, GERALD C Street Address (P.O. Box Number is Not Acceptable) 734 COLORADO AVE STUART FL 34994 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 DATE 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 filling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 serrer Trust Fund Contribution 75 Cara D Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Addition ☐ Delete TITLE DRESCHER, GERALD C NAME STREET ADDRESS 734 COLORADO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Delete Change Addition TITLE DRESCHER, MARY L NAME NAME 734 COLORADO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP Addition ☐ Change - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.