FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State 482522 DOCUMENT # 1. Entity Name 04-18-2002 90385 030 ***150.00 PARMAN REALTY, INC. Principal Place of Business Mailing Address 8780 ORCHID IS CIR W P.O. BOX 3178 BEACH ST. 32964 VERO BEACH FL 32964 8780 ORCHID, IS CIR W. F. P.O. BOX 3178 BEACH ST: 32964 VERO BEACH FL 32964 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 59-1626046 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARMAN, HENRY O. Street Address (P.O. Box Number is Not Acceptable) 8780 ORCHID ISLAND CIR W VERO BEACH FL 32964 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. SIGNATURE apolicable (NOTE: Regis 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Detete NAME PARMAN, HENRY O NAME 8780 ORCHID ISLAND CIR W STREET ADDRESS STREET ADDRESS VERO BEACH FL 32964 CITY-ST-ZIP CITY-ST-ZIF SVD ☐ Delete TITLE ☐ Change ☐ Addition TITLE PARMAN, HORTENSE D NAME NAME 8780 ORCHID ISLAND CIR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32964 TITLE Delete ----TITLE: ☐ Change . 🗀 Addition NAME PARMAN, ROBERT H NAME STREET ADDRESS 8780 ORCHID ISLAND CIR W STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 vith all other like empowered

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP