FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2001 8:00 am DOCUMENT # 488476 **Secretary of State** 1. Entity Name CAREY INVESTMENT CORPORATION, INC. 03-07-2001 90006 021 ***150.00 Principal Place of Business Mailing Address 4404 NEWPORT DRIVE P.O. BOX 308 **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34656-0308 00022470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1648141 Not Applicable _Zip_____Country. Zio -**≈\$8:75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILDER, FRED J Street Address (P.O. Box Number is Not Acceptable) 407 S.EWING AVENUE CLEARWATER FL 33756-5766 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, 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. President William H. Boyce TITLE Delete TITLE BELINKOFF, ALAN NAME 4044 New PORT Drive 4404 NEWPORT DRIVE STREET ADDRESS STREET ADDRESS New PORT Richey, FL 34652 VICE President Change Middition CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** Delete TITLE DAVIS, SHELLEY A NAME STREET ADDRESS STREET ADDRESS 4044 NEWPORT DR CITY-ST-ZIP NEW PORT_RICHEY FL 34652 --TITI F 1-22-01 □ Delete NAME STREET ADDRESS V CALLED TO INFORM you that CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition (see copy of LAST YEARS FORM) NAME STREET ADDRESS You updated your DATA BASE CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition today + instructed me to Ad NAME STREET ADDRESS him BACK ON this Form CITY-ST-ZIP curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feculat his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered.

RE SESSIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NA OF SIGNING OF