## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2001 8:00 am **DOCUMENT # 511839 Secretary of State** ARÉA REAL ESTATE OF LAKELAND, INC. 03-14-2001 90491 028 \*\*\*150.00 Principal Place of Business Mailing Address 217 SOUTH FLORIDA AVENUE 217 SOUTH FLORIDA AVENUE LAKELAND FL 33801 LAKELAND FL 33801 MUUJJU/4 2. Principal Place of Business 3. Mailing Address 311 SOUTH RORIDA AVE 311 Sound HORIDA AND Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1804061 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER, JESS G. Street Address (P.O. Box Number is Not Acceptable) 3 1 217 SOUTH FLORIDA AVENUE LAKELAND FL 33801 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) 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, 2001 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 3R2E034 (10/00) TITLE Delete Change ☐ Addition BLACK, JAMES I. JR. NAME NAME 2720 COVENTRY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP A-DO ZIP - 33803 TITLE TITLE TUCKER, JESS G. NAME NAME 2408 COVENTRY AVE 2720 COVENTRY AVENUE STREET ADDRESS STREET ADDRESS KELAND R 33803 CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Daytime Phone #