FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT #** 515150 **Secretary of State** 1. Entity Name 02-11-2002 90192 009 ***150.00 OLD DIXIE REALTY CORP. Principal Place of Business Mailing Address 1639 OLD DIXIE HIGHWAY 1639 OLD DIXIE HIGHWAY VERO BEACH FL 32960 VERO BEACH FL 32960 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 59-2606500 Not Applicable Zip Country 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 GOTTRY, THEODORE E. Street Address (P.O. Box Number is Not Acceptable) 1639 OLD DIXIE HWY VERO BEACH FL 32960 Zip Code FL 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME MAIN, ROBERT A. J NAME STREET ADDRESS 20 MECHANICS ST. STREET ADDRESS CITY-ST-ZIP **PUTNAM CT** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAIN, WILLIAM C. NAME STREET ADDRESS 555 GOFFLE ROAD STREET ADDRESS CITY-ST-ZIP WYCKOFF NJ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAIN, SUSAN E. NAME STREET ADDRESS 555 GOFFLE ROAD STREET ADDRESS CITY-ST-ZIP WYCKOFF NJ 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE DOUBLED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 201-447-3700 Date Dayime Phone #