2003 FOR PROFIT CORPORATION

Mar 20, 2003 8:00 am UNIFORM BUSINESS REPORT (UBI Secretary of State DOCUMENT # 667554 1. Entity Name 03-20-2003 90113 023 ***150.00 ALADDIN REAL ESTATE OF MERRITT ISLAND, INCORPORA Principal Place of Business Mailing Address 1365 NO COURTENAY PKWY STE C 1365 NO COURTENAY PKWY STE C MERRITT ISLAND FL 32953-4484 MERRITT ISLAND FL 32953-4484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1995251 Not Applicable Zip Country Zip 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 -STAR BOBINSKI,-CAROL JEAN Street Address (P.O. Box Numb 1365 NO COURTENAY PKWY STE C er is Not Acceptable) MERRITT ISLAND FL 32953 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ent and title if applicable. (NOTE: Re gistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition **BOBINSKI, CAROL JEAN** NAME NAME STARKEY, CAROL 1365 NO COURTENAY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 00000 CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME

12. 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/02)

FILED