FILED May 05, 2003 8:00 am \(\frac{9}{8} \) 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR Secretary of State 695364 DOCUMENT # 05-05-2003 91758 007 ***150.00 1. Entity Name HOST REALTY, INC. OF MELBOURNE BEACH Principal Place of Business Mailing Address 5920 S A1A HWY 5920 S A1A HWY MELBOURNE BEACH FL 32951-0705 MELBOURNE BEACH FL 32951-0705 US 2. Principal Place of Business 3. Mailing Address 5920 SAIAHWX 5920 S K CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2107469 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 PETTY, ALICE E Street Address (P.O. Box Number is Not Acceptable) 5920 S A1A HWY # 201 MELBOURNE BEACH FL 32951 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. I am familiar with, and accept the obligations of registered agent SIGNATURE A DATE title if applicable. (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agent ar FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change PETTY, ALICE E. NAME NAME 5920 S A1A HWY # 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME PETTY, JAMES A JR. NAME 5920 S AIA HIGHWAY #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** TITLE TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

4/30/03 (321) 725322

☐ Change

☐ Change

Addition

Addition