FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # 741159** 1. Entity Name 04-30-2002 90224 022 ****61.25 APPLE CREEK UNIT SIX, INC. Mailing Address Principal Place of Business 7301 W SUNRISE BLVD 7301 W SUNRISE BLVD PLANTATION FL 33313 PLANTATION FL 33313 2. Principal Place of Business ?... 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1863274 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 Name The second of th Street Address (P.O. Box Number is Not Acceptable) HOBART, ROBERT 7301 W. SUNRISE BLVD PLANTATION FL 33313 Zip Code FL 8. The above number entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE TITLE Delete BAGNALL, CHRISTOPHER NAME NAME TO SHAPER TO 7507 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS 医增强 医野猪属的 CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP D ☐ Change ☐ Addition DITLE ☐ Delete TITLE vorted attention PAGAN, WOODROW NAME NAME THE COMPLETE 7551 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-7IP ☐ Change DS ☐ Delete TITLE Addition TITLE **BIRD. JANETTE** NAME NAME 7569 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS PLANTATION, FL 00000 CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Change ☐ Addition TITLE ☐ Delete TITI F FISHER, STEWART NAME NAME 7543 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE KING, MARY NAME NAME 7503 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS The As Section PLANTATION FL 33313 CITY-ST-ZIP CITY-ST-ZIP

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 617, 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 among the receiver of the corporation of the

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/.5/02

(954) 247 75/1

☐ Change

☐ Addition