FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 90887 019 ***150.00

| 1. Entity Name | F00000003515 | |
|----------------|------------------|--|
| CAVALIER REAL | ESTATE CO., Inc. | |

| | TIEN NEAD BOTATE CO | J., Inc. | <u></u> | | | | | |
|---|--|--|--|--|-------------------------------------|--------|--------------------------|--|
| 1 | DO NOT WRITE | IN THIS S | PACE | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| 32 wilson Blvd 100 P. O. Box 540 | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State Addis | e son, AL | City & State Addison, AL | | 4. | Applied For 63-1214350 | | | |
| Zip - 35540 | Country USA | Zip 35540 | Country | 5. | Certificate of Status Desired | | 5 Additional Required | |
| 22240 | , John James | 33340 | USA | - 7. Na | ime and Address of Current R | | | |
| | | | Name | Name CT Corporation System | | | | |
| | DO NOT WI | RITE | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | |
| IN THIS SPACE | | 12 | 1200 South Pine Island Road | | | | | |
| | | City P1 | | | | | | |
| The above | The above named entity submits this statement for the purpose of changing its registered office or register | | | | | | | |
| . The above | maried entity sourms this statement for | the purpose of changing to | s registered diffice of re | gistered ag | ent. or both, in the state of Flori | | | |
| IGNATURE _ | | | | | | | | |
| | Signature, typed or printed name of registered agent an | d title if applicable. (NO | TE. Pegistered Agent signature | required when re | unstating) | DATE | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of St | | | 10. Election Campaign Fina Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | |
| 1. | OFFICERS AND D | | T Doparanone | . otato | , | | | |
| TLE | P/D/S | | TITLE | | | | | |
| ME | Michael R. Murphy | | NAME | | | | | |
| REET ADDRESS | 32 wilson Blvd 10 | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TY-ST-ZIP | Addison, AL 35540 | | | | | | | |
| ILE | V | | TITLE | | | | | |
| ME REET ADDRESS | John W. Lowe | • | NAME STREET ADDRESS | · | | | | |
| TY-ST-ZIP | 1 1210 21St Street | | CITY-ST-ZIP | · | | | | |
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| ME | | | NAME | | 114 11110 0 | 170 | | |
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| ME | | | NAME | | | | | |
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| TLE | • | • | TITLE NAME | | • | | - [| |
| REET 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Michael R. Murhpy 4-30-02

256-747-9800