

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005012		
1. Entity Name SUNBELT PROPERTIES OF NEVADA, INC.		
Principal Place of Business 2902 LAKE EAST DR LAS VEGAS, TX 89117		Mailing Address 214 KIRKALDY DR HOUSTON, TX 77015
2. Principal Place of Business 2902 LAKE EAST DR Suite, Apt. #, etc.		3. Mailing Address 214 KIRKALDY Suite, Apt. #, etc.
City & State LAS VEGAS NV Zip 89117 Country USA		City & State HOUSTON TX Zip 77015 Country USA
4. FEI Number 81-0581480		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KOENIG, DAVID 1802 W CLEVELAND ST TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>C.A. Dawson</i></u> DATE <u><i>4-15-03</i></u> Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent's name is required when it is changed.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS DAWSON, C A 214 KIRKALDY DR HOUSTON, TX ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOSS, BOB PO BOX 271703 TAMPA, FL 33688 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIGER, DERREK 2902 LAKE EAST DRIVE STE. B LAS VEGAS, NC 89117 ☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWIN RAABSA 2800 E. 113 TH AVE # 101 TAMPA FL 33612 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.		
SIGNATURE: <u><i>C.A. Dawson</i></u> DATE <u><i>4-15-03</i></u> 873 334-1050 SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR		

0022034 (10/02)