2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am Secretary of State DOCUMENT # F04743 WEEKI WACHEE REAL ESTATE, INC. 03-27-2001 90051 014 ***150.00 Principal Place of Business Mailing Address 8061 CORTEZ BLVD 8061 CORTEZ BLVD WEEKI WACHEE FL 34607 WEEKI WACHEE FL 34607 000289372. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2077623 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOICE, LEONA** Street Address (P.O. Box Number is Not Acceptable) 12042 FIR CT. **BROOKSVILLE FL 34613** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BDO Change TITLE ☐ Delete TITLE ☐ Addition HANIPH, ROSALIE F.N. NAME NAME STREET ADDRESS 8061 CORTEZ BLVD STREET ADDRESS CITY-ST-ZIP WEEKI WACHEE FL 34607 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE GILSON, WILLIAM NAME NAME 8061 CORTEZ BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEEKI WACHEE FL 34607 CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-21-01 (352)

FILED