2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2001 8:00 am **DOCUMENT # F13224** Secretary of State MANORMOR REAL ESTATE, INC. 01-19-2001 90072 041 ***150.00 Principal Place of Business Mailing Address 5233 SAN JOSE BLVD. 5233 SAN JOSE BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 ULUPUUTULU 2. 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 59-2048243 Not Applicable Zip Country 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 DOYLE, WILLIAM E., ATTORNORY DOYLE, WILLIAM E., ATTORNORY 1301 FIVERPLAGE BLVD 2002 Southside Boulevard SLITE 2600 Suite 201 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 3226 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change BRANDENBURGER, BEVERLY NAME NAME 5233 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANDENBURGER, BEVERLY NAME NAME 5233 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete 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-7IP CITY-ST-ZIP

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