2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # F19431** 1. Entity Name TERRENCE EDWARD HOMES, INC. 03-04-2000 90023 023 ***150.00 Mailing Address Principal Place of Business 2704 HAMBLE VILLAGE LN 2704 HAMBLE VILLAGE LN **PALM HARBOR FL 33756-1049** PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Gardenia St. (Jardenia Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2097251 Not Applicable \$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 DRUNASKY, TERRENCE E Box Number is Not Acceptable) Street Addre -2704-HAMBLE-VILLAGE LN-PALM HARBOR FL 34684 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TIT! F TITLE Delete DRUNASKY, TERRENCE E NAME NAME 612 Gardenia St. Belleair, Fr. 3375 STREET ADDRESS 2784 HAMBLE VILLAGE LIN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE TITLE DRUNASKY, TERRENCE E NAME NAME 612 Gardenia St. Belleair, FL 33756 STREET ADDRESS STREET ADDRESS 2704 HAMBLE VILLAGE LN CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE TITLE EVERT. SADIE M. NAME NAME 612 Gardenia St. Bellegir, FL 33756 STREET ADDRESS STREET ADDRESS 2704 HAMBLE VILLAGE LN CITY-ST-ZIP PALM-HARBOR FL 34684 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change [Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addres ence E. Drunasky 02/18/00

SIGNATURE: