FILED

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

Apr 09, 2003 8:00 am Secretary of State F35814 DOCUMENT # 04-09-2003 90099 020 ***150.00 1. Entity Name TATUM PROPERTIES, INC. Principal Place of Business Mailing Address 1921 FLINTSHIRE CT 1921 FLINTSHIRE CT TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2258009 Not Applicable Zip Country 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 SHARP, SUSAN T Street Address (P.O. Box Number is Not Acceptable) 4460 CRUMPET CT TITUSVILLE FL 32796 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE ☐ Change TATUM, MAURICE G NAME NAME 1921 FLINTSHIRE CT STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE VSD ☐ Delete TITLE ☐ Change NAME Tatum. Lavetta H NAME 1921 FLINTSHIRE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TITLE PTD Delete - -TITLE Change ☐ Addition NAME TATUM, MAURICE G. NAME STREET ADDRESS 1921 FLINTSHIRE CT STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other

CITY-ST-ZIP

CITY-ST-ZIP