FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # F39828** 1. Entity Name CONSOLIDATED PROPERTY MANAGEMENT SERVICES, INC. 04-18-2001 90112 018 ***150 00 Principal Place of Business Mailing Address 14831 LAGUNA DR 14831 LAGUNA DR FT. MYERS FL 33908 FT MYERS FL 33908 US 2. Principal Place of Business 3. Mailing Address 833 Bethanu Ct 833 Bethan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2133751 Not Applicable. Country U.S \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID FASIG FASIG, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 14831 LAGUNA DR FT MYERS FL 33908 Zip Code 33919 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 Presiden 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Addition Delete TITLE TITLE DAVID M. FASIG FASIG, DONALD L NAME NAME 833 Bethany Ct. STREET ADDRESS STREET ADDRESS 14831 LAGUNA DR CITY-ST-7IP CITY-ST-ZIP FT MYERS, FL 00000 Change Addition Delete TITLE DILE Megan R. Fasig NAME GOEBEL, EDWARD L. NAME STREET ADDRESS STREET ADDRESS 120 EAST MARKET STREET, SUITE 710 CITY_ST_ZIP CITY-ST-ZIP INDIANAPOLIS.IN. **X** Change Delete TITLE ☐ Addition TITLE NAME RIZZO-GAVIN, ELIZABETH A. NAME 834 Bethany court STREET ADDRESS STREET ADDRESS 14831 LAGUNA DR Ft. Myers, Fl 33919 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 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 ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZiP