2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State **DOCUMENT # F45164** 1. Entity Name 05-17-2001 91351 040 ***550.00 KINGSLEY REALTY, INC. Principal Place of Business Mailing Address 2180 W. FIRST ST., STE. 203 2180 W. FIRST ST., STE, 203 FT MYERS FL 33901 FT MYERS FL 33901 U\$ 2. Principal Place of Business 3. Mailing Address 1920 VIRGINIA 1920 VIRGINIA AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 601 Applied For City & State 4. FEI Number City & State 59-2141765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent KINGSLEY, EDITH B Street Address (P.O. Box Number is Not Acceptable) 1920 VIRGINIA AVE., #601 FT. MYERS FL 33901 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. nature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE ☐ Delete KINGSLEY, EDITH B NAME NAME STREET ADDRESS 2180 W. FIRST ST., #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 Change Addition TITLE ☐ 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

5/6/01

941-337-122

☐ Change

☐ Addition

Daytime Phone #

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FORM 804-2	/	McBee 1955 EAST 87/ To Reorder Call Toll F	ATE ST ATHENS, OHIO 45701 ree 1-800-528-1272