FILED

May 02, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

DOCUMENT # F64041

1. Entity Name

MARK VIII REALTY, INC.

05-02-2001 90098 036 ***150.00 Principal Place of Business Mailing Address C/O ROGER R MILLER C/O ROGER R MILLER 1962 HORSESHOE BEND 2321 STATE RD 580 **CLEARWATER FL 33763 DUNEDIN FL 34698** 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 59-2150971 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER: ROGER R 2321 STATE RD 580 CLEARWATER FL 33763 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. 4130 [01 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change 1 D Addition Delete TITLE TITLE MILLER PATRICIAL 1962 HORSESHOE BEN DUNE DIN EL 3469 MILLER PATRICIA L NAME NAME 2321 STATE RD 580 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP ☐ Defete TITLE TITLE MILLER, ROGER R NAME MILLER ROGERR NAME 1962 HORSESHOE STREET ADDRESS 2321 STATE RD 580 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP DUNEDIN TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Delete TITLE ☐ Addition 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

4/30/01727