2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F88963 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name TREND REALTY SERVICES, INC. 04-25-2000 90101 014 ***150.00 Mailing Address Principal Place of Business 4141 N W 37TH PLACE 4141 N W 37TH PLACE STE. A GAINESVILLE FL 32601-6179 GAINESVILLE FL 32606-6179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1447085 Not Applicable Country \$8.75 Additional 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 Name HOLDEN, CHARLES I JR Street Address (P.O. Box Number is Not Acceptable) 2772-S N.W. 43RD STREET **GAINESVILLE FL 32606** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME PITTS, DONNA E NAME STREET ADDRESS 7816 NW 51ST DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Change ■ Addition Delete TITLE TITLE NAME POLOPOLUS, PATRICIA J NAME STREET ADDRESS STREET ADDRESS 1004 N W 34TH ST CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32605 Change ☐ Addition Delete TITLE TITLE NAME MCINTOSH, THOMAS P JR NAME STREET ADDRESS STREET ADDRESS 4703 NW 124 PL CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BAUR, JANICE D NAME STREET ADDRESS STREET ADDRESS 10416 NW 18 AVE CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL** ☐ Change Delete ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

352-377-6666