2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F95000003295 1. Entity Name REALTY ADVISORS, INC. 04-16-2001 90025 001 ***150 00 Mailing Address Principal Place of Business 4001 B WETHERBURN WAY 4001 B WETHERBURN WAY NORCROSS GA 30092 NORCROSS GA 30092 0 1 U U U F G 2. Principal Place of Business 3. Mailing Address 600 Hwy 98 E 600 Hay 98 E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 541th 200 Applied For 4. FEI Number City & State 58-1399025 Destin Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Requireds 32541 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PILCHER, JERALD W 1622 GRANT AVE PANAMA CITY FL 32401 775 GULF Shore Dr #40 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE BISHOP, JERRY W NAME 775 GULF Shore Dr #40 4095 SINCLAIR SHORES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CUMMING GA 30130** ☐ Delete TITLE TITLE CLEGG, RICHARD A 4001 B wetherburn WAG NOTCHUSS 64 30092 NAME NAME STREET ADDRESS 3914 GUNNIN RD STREET ADDRESS CITY-ST-ZIP NORCROSS GA 30092 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 13. I hereby certify that the information supplied with this filling 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: