2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 28, 2003 8:00 am Secretary of State F96000003522 DOCUMENT # 04-28-2003 90512 001 ***150.00 1. Entity Name CARELIS ESTATE LIMITED, INCORPORATED Principal Place of Business Mailing Address 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0607260 Not Applicable Zip Zip Country \$8.75 Additional Country .5._Certificate of Status Desired - - - 🗔 🗈 -= 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLENDINNING, RENEA Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD. SARASOTA FL 34236 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After:May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change □ Addition TITLE TITLE CP ☐ Delete NAME NAME THRONEBURY, ARLENE STREET ADDRESS STREET ADDRESS ROVERT HOUSE, MARKET STREET NORTH CITY-ST-ZIP CITY-ST-ZIP NASSAU BA Change Addition ☐ Delete TITLE TITLE NAME NAME RUSSEL, MYRTLE STREET ADDRESS STREET ADDRESS ROVERT HOUSE, MARKET STREET NORTH CITY-ST-ZIP CITY-ST-7IP NASSAU BA Change Addition Delete TITLE NAME NAME RIGBY, JEWEL STREET ADDRESS STREET ADDRESS ROVERT HOUSE, MARKET STREET NORTH CITY-ST-7IP CITY-ST-ZIP nassau ba ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED