2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800001136 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** J.D. BOURDON REALTY, INC. 03-24-2000 90092 034 ***150.00 Principal Place of Business Mailing Address 91 MAIN ST. 91 MAIN ST. CLAREMONT-NH 03743-2585. CLAREMONT NH 03743 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt: #; etc. Applied For City & State 4. FEI Number City & State 02-0446590 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -WOOD, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 1000 TAMIAMI TR. NORTH #201 NAPLES FL 34102 Zip Code FŁ 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 DATE (NOTE: Registered Agent signature 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, 2000 Fee will be \$550.00 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. ☐ Change Addition Delete TITLE NAME **BOURDON, THOMAS A** STREET ADDRESS 91 MAIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLAREMONT NH 03743** ☐ Delete ☐ Change Addition TITLE NAME **BOURDON, LISA A** NAME STREET ADDRESS STREET ADDRESS 76 RIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP **CLAREMONT NH 03743** ____ Change ___ Addition TITLE TITLE ☐ Delete BOURDON, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 76 RIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP **CLAREMONT NH 03743** ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEAHY, ALBERT D NAME NAME STREET ADDRESS STREET ADDRESS BROAD ST. CITY-ST-ZIP CITY-ST-ZIP **CLAREMONT NH 03743** Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #