FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # G78720 1. Entity Name SHIRLEY LAND DEVELOPMENT, INC. 05-01-2002 91538 013 ***150.00 Principal Place of Business Mailing Address % WILLIAM O. SHIRLEY, JR. % WILLIAM O. SHIRLEY, JR. 1301-35TH AVENUE WEST 1301-35TH AVENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205** 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 59-2362680 Not Applicable Zip Country -- -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIRLEY, PATRICIA R Street Address (P.O. Box Number is Not Acceptable) 827 HILLCREST DR **BRADENTON FL 34209** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change SHIRLEY, WILLIAM O., JR. NAME

TITLE ☐ Addition NAME STREET ADDRESS 827 HILLCREST DR STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHIRLEY, PATRICIA R NAME STREET ADDRESS 827 HILLCREST DR STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209 CITY-ST-7IP ☐ Delete TITLE Addition NAME SHIRLEY, WILLIAM B NAME STREET ADDRESS 6507 29TH AVE. W. STREET ADDRESS CITY-ST-ZIE **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

加い50UPatricia R. Shirley, Pres. 4/17/02 941-746-4934 SIGNATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CR2E034 (9/01)