2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J20859** May 02, 2000 8:00 am Secretary of State 1. Entity Name JIM EYSTER REALTY, INC. 05-02-2000 90057 045 ***150.00 Mailing Address Principal Place of Business % JAMES P. EYSTER % JAMES P. EYSTER 7655 W. GULF TO LAKE HWY. #14 7655 W. GULF TO LAKE HWY. #14 CRYSTAL RIVER FL 34429-7910 CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2747854 Not Applicable Country Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EYSTER, JAMES P Street Address (P.O. Box Number is Not Acceptable) 7655 W. GULF TO LAKE HWY. **SUITE 14 CRYSTAL RIVER FL 34429** Zip Code City FL 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 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. 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. DΡ ☐ Addition Change TITLE ☐ Delete TITLE EYSTER, JAMES P NAME NAME 7655 W. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL ☐ Addition Change TITLE ☐ Delete TITLE EYSTER, JOAN A NAME NAME STREET ADDRESS 7655 W. GULF TO LAKE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete TITLE EYSTER, JAMES S NAME 7655 W. GULF TO LAKE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

ATORE AND TYPED OR PRINTED NAME OF SIGN

AMES P. EYSTER 4-25-00