2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J30220** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name QUIK REALTY, INC. 04-21-2000 90111 024 ***150.00 Principal Place of Business Mailing Address 310 S. DILLARD ST. 310 S. DILLARD ST. STE 305 STE 305 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-3515 US US 2. Principal Place of Business 3. Mailina Address 072 W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2711198 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -.6.-Name and Address of Current Registered Age asma, william n. Street Address (P.O. Box Number is Not Acceptable) 886 S. DILLARD ST. **BOX 1340** WINTER GARDEN FL 32787 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. 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete Oouglas, Lisa 1072 W. Magnoliast. DOUGLAS, LISA NAME 9020 PINE ISLAND ROAD STREET ADDRESS llemmt, F1. 34711 CLERMONT FL 34711 CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE Subos, C. Jodie SUGGS, C. JODIE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 305 Beutah Ad. Winter Garden, F1. 31787 STREET ADDRESS STREET ADDRESS 91 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: