2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State J35213 DOCUMENT # 1. Entity Name 04-29-2002 90078 025 ***150.00 LAKERIDGE REALTY COMPANY Principal Place of Business Mailing Address 6700 S. FLORIDA AVE. PO BOX 7667 LAKELAND FL 33807 STE. #6 LAKELAND FL 33813 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3107432 Not Applicable Zip Country 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 ELLSWORTH, W. WM. JR. Street Address (P.O. Box Number is Not Acceptable) 6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 Zip Code 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 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, 2002 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. ☐ Addition ☐ Change ☐ Delete TITLE TITLE . DΡ NAME NAME ELLSWORTH, W. WM. JR. STREET ADDRESS STREET ADDRESS 6700 S. FLORIDA AVE., #6 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Delete TITLE Change ☐ Addition TITLE NAME NAME DALEY, MARGARET E. STREET ADDRESS STREET ADDRESS 1003 HUNT AVENUE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME CHRISTIE. KATHERINE E STREET ADDRESS STREET ADDRESS 6604 RIVERVIEW BLVD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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 (ike empowered.)

SIGNATURE:

18/1 House SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED