2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOGUMENT # J47903 May 02, 2000 8:00 am Secretary of State AMERICAN HERITAGE REAL ESTATE CO. 05-02-2000 90111 034 ***158.75 Principal Place of Business Mailing Address PO ROX 915797 PO BOX 915797 LONGWOOD FL 32791-5797 LONGWOOD FL 32791-5797 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2755878 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAROLAN ENKINS JENKINS, CAROLYN A Street Address (P.O. Box Number is Not Acceptable) 221 ROYAL OAKS CIRCLE LONGWOOD FL 32779 MALM 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 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. **PST** Addition ☐ Delete TITLE TITLE JENKINS, BILLY GENE ADDRESS NAME 2121 PALM CREST DR CHANGE 221 ROYAL OAKS CIRCLE STREET ADDRESS STREET ADDRESS ONLY APOPKA, FL 327/2 LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete JENKINS. BILLY GENE NAME NAME (ALDORESS 2121 PALM CREST DR 221 ROYAL OAKS CIRCLE STREET ADDRESS STREET ADDRESS CHANSE ADODKA, FL 32712 LONGWOOD FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TIT! E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 truetee 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.

OFFICER OB OIRECTOR

BILLY G JENKINS