2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # J87307** THE HOUSING CONNECTION, INC. 03-22-2001 90040 033 ***150.00 Mailing Address Principal Place of Business 7290 COLLEGE PKWY. #427 7290 COLLEGE PKWY. #427 FT. MYERS FL 33907 FT. MYERS FL 33907 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 59-2851798 Not Applicable \$8.75 Additional Country Country Zip \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent-Name WHITED, LINDA I. Street Address (P.O. Box Number is Not Acceptable) 1022 CLEVELAND AVE. N. LEHIGH ACRES FL 33936 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** 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 **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE WHITED, LINDA I. NAME NAME STREET ADDRESS 1022 CLEVELAND AVE. N. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITED, RUSS LEE NAME NAME 1022 CLEVELAND AVE., N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE WHITED, TIFFANY DAWN NAME NAME 1022 CLEVELAND AVE., N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP+ LEHIGH ACRES FL Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED