2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K12218 May 22, 2000 8:00 am Secretary of State 1. Entity Name DEYOUNG PROPERTIES, INC. 05-22-2000 90011 048 ***150.00 Principal Place of Business Mailing Address 6442 U.S. HWY 27 SO. 6442 U.S. HWY 27 SO. SEBRING FL 33870-5735 SEBRING FL 33870 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2866452 Not Applicable 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 DEYOUNG, LINDA S Street Address (P.O. Box Number is Not Acceptable) 6442 U.S. HWY 27 SO. SEBRING FL 33870 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. 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. 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. Change ☐ Addition TITLE ☐ Defete TIT! F DEYOUNG, CURTIS J NAME NAME 6442 U.S. HWY 27 SO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Change ☐ Addition ☐ Delete TITLE DEYOUNG, LINDA S NAME STREET ADDRESS 6442 U.S. HWY 27 SO. STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP Addition ☐ Change Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE in the state of 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

SIGNATURE: Linda S. De Young, Director April 26, 2000 (863) 386-033

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