FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 08, 2001 8:00 am **DOCUMENT # K18006 Secretary of State** FIRST FLORIDA HOME & INVESTMENT GROUP, INC. 06-08-2001 90007 031 ***550.00 Principal Place of Business Mailing Address 2828 ROXBURY RD 2225 GLENWOOD DRIVE 772520 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal P ace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2922231 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Regulfed 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAYNÉ, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 2225 GLENWOOD DRIVE WINTER PARK FL 32792 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE ; ignature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW! ! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payat e to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D ☐ Delete TITLE CR2E034 (10/00) ☐ Addition MAME PAYNE, RICHARD S. NAME STREET ADDRESS 2225 GLENWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRES ; CITY-SI-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-SI-ZIP CITY-ST-ZIP THE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRES: CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that mof the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if