2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am DOCUMENT # K47953 1. Entity Name 05-07-2002 90260 027 ***150 00 IH TAMPA HOMES CORP. Principal Place of Business Mailing Address 8401 JR MANOR DR #100 8401 JR MANOR DR #100 TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 59-2920743 Not Applicable Country 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 Name LYNCH, PAUL Street Address (P.O. Box Number is Not Acceptable) SHUMAKER LOOP AND KENDRICK 101 E KENNEDY BLVD #2800 **TAMPA FL 33602** City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D/P X Change ☐ Delete TITLE ☐ Addition SUAVEZ , TACK D. 8401 TR Manor Drive NAME SUAREZ, JACK D. NAME STREET ADDRESS 8401 JR MANOR DR #100 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP Tampa, FL 33634 TITLE Delete TITLE Addition Rogber, Andrew L NAME TENBROEK, ERIN B NAME BYDI JR Manor Drive Ste. 100 STREET ADDRESS 8401 JR MANOR DR, STE 100 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33634** CITY-ST-ZIP W Da , FL 33434 TITLE ☐ Delete TITLE ☐ Change **X** Addition Lynch , Paul P NAME NAME 101 E Kennedy Blod STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes-Hurther 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 addrigs, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES NING OFFICER OR DIRECTOF

FILED