2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 08, 2001 8:00 am Secretary of State **DOCUMENT # K55330** FLORIDA INVESTORS REALTY, INC. 01-08-2001 90001 021 ***150.00 Principal Place of Business Mailing Address 525 ONE CENTER BLVD POST OFFICE BOX 160038 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0092702 Not Applicable Zip 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 TUERPE, FRED R. Street Address (P.O. Box Number is Not Acceptable) **525 ONE CENTER BLVD ALTAMONTE SPRINGS FL 32701** 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) DPS Delete ☐ Addition TITLE ☐ Change TITLE TUERPE, FRED R. NAME NAME STREET ADDRESS 120 43RD AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP _ [].Change ☐ Addition ☐ Delete TITLE DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

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