2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2002 8:00 am Secretary of State DOCUMENT # K68724 1. Entity Name 09-11-2002 90066 006 ***550.00 THOMAS MORGAN HOMES, INC. Principal Place of Business Mailing Address 1692 TEMPLE TERRACE POB 4693 979492 NORTH FT. MYERS FL 33917 1692 TEMPLE TERRACE N. FT. MYERS FL 33918 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. FEI Number Applied For 65-0106834 Not Applicable Zip Country 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 : MORGAN, THOMAS O. Street Address (P.O. Box Number is Not Acceptable) 1692 TEMPLE TERRACE NORTH FT. MYERS FL 33917 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. I am familiar with, and accept igations of registered agent. 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 \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE ☐ Change ☐ Addition MORGAN, THOMAS NAME 1692 TEMPLE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF N. FORT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

23/565 4420 Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR 9/0/03 Date SIGNATURE: 🕿

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.