2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K68860 Apr 11, 2000 8:00 am Secretary of State DEERWOOD INVESTMENT CORP. 04-11-2000 90234 032 ***150.00 Mailing Address Principal Place of Business P.O. BOX 1476 7001-3.E. 50TH AVENUE -OCALA FL 34478-1476 OCALA FL 34480-7727 2. Principal Place of Business 6015 SW NW 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 10 Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2939515 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEEWARD, JAMES K. Street Address (P.O. Box Number is Not Acceptable) 1930 SE CLATTER BRIDGE ROAD OCALA FL 34471 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITI F TITLE POBOX 1476 LEEWARD, JAMES K. NAME NAME Ocala FL 34478-1476 reasurer 0 Box 1476 Achange Addition 7801 S.E. 58TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITI F TITLE LEEWARD, DIRK J NAME NAME ocala FL 34478-1476 7801 SE 58TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITLE TITLE 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filling 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 of 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.

Daytime Phone #

PRINTED NAME OF SIGNING OFFICER