FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 04, 2002 8:00 am Secretary of State K71970 DOCUMENT # 1. Entity Name 08-04-2002 90163 032 ***158.75 CASSELBERRY GARDENS, INC. Mailing Address Principal Place of Business 472168 P. O. BOX 2 80 TRIPLET LAKE DRIVE CASSELBERRY FL 32718 CASSELBERRY FL 32707 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0541685 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 CASSELBERRY, JOHN N Street Address (P.O. Box Number is Not Acceptable) 80 TRIPLET LAKE DRIVE CASSELBERRY FL 32707 Zip Code City 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE TIT! F PSTD Delete NAME NAME CASSELBERRY, JOHN N STREET ADDRESS **80 TRIPLET LAKE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete → TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #

Attachment 972168

John N. Casselberry P. O. Box 2 Casselberry, FL 32718

July 31, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Casselberry Gardens, Inc.

Document # K71970

Attention Filing Clerk;

While I was researching other corporations I checked on this one and realized I had no recollection of receiving the original Uniform Business Report. I talked with a clerk at the phone number on the front of this report and requested that a copy be sent. She said at the time that I could send the \$150.00 fee and I verified that again today, and I was told to send this letter. Therefore, enclosed is the form and a check for \$158.75 for the renewal plus a confirmation letter. Thank you very much.

Sincerely,

John N. Casselberry