2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L42311 Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA HOME INVESTMENTS CORPORATION 03-21-2000 90062 034 ***150.00 Principal Place of Business Mailing Address 353 CRYSTAL RIDGE WAY P O BOX 951773 LAKE MARY FL 32795 LAKE MARY FL 32795-1773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3001658 Not Applicable Zip Country Country Zip \$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 FELDSTEIN, RICH Street Address (P.O. Box Number is Not Acceptable) 353 CRYSTAL RIDGE WAY LAKE MARY FL 32746 Zip Code FL 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FELDSTEIN, MARLENE NAME NAME STREET ADDRESS 353 CRYSTAL RIDGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL PD ☐ Addition ☐ Delete TITLE ☐ Change TITLE FELDSTEIN, RICH NAME NAME 353 CRYSTAL RIDGE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Change Addition TITLE TITLE Delete _ NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TILLE NAME STREET ADDRESS STREET ADDRESS 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:

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3/15/00

407)323-2573

Daytime Phone #