2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **L58090** 1. Entity Name HOLLYWOOD EMPIRE REALTY, INC. 04-26-2001 90096 029 ***150.00 Principal Place of Business Mailing Address 901 MARTIN DOWNS BLVD., SUITE 216 P.O. BOX 439 PALM CITY FL 34991 PALM CITY FL 34990 ounachill Principal Place of Business 3. Mailing Address SE Central Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 315 City & State 4. FEI Number Applied For 65-0189935 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired # USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLSON, JENNIFER Street Address (P.O. Box Number is Not Agceptable) 10 S.E. Central Parku 901 MARTIN DOWNS BLVD., SUITE 216 PALM CITY FL 34990 4.315 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME NAME MILLS, EDWIN 10 SE Central Parkway STREET ADDRESS STREET ADDRESS 901 MARTIN DOWNS BLVD., SUITE 216 CITY-ST-ZIP CITY-ST ZIP PALM CITY FL 34990 ☐ Delete TITLE 10 SE Central Parkway Stuart, FL 34994 CARLSON, JENNIFER NAME STREET ADDRESS STREET ADDRESS 901 MARTIN DOWNS BLVD., SUITE 216 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (ITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete SITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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. nnifer Carloon