FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 25, 2001 8:00 am Secretary of State **DOCUMENT # L64876** 1. Entity Name 05-25-2001 90289 037 ***150.00 CORPORATE AMERICA REAL ESTATE, INC. Principal Place of Business Mailing Address 219 SOUTH BRADFORD STREET 11223 KING FISHER DRIVE 771814 TAMPA FL 33609 CHARLOTTE NC 28226 2. Principal Place of Business 3. Mailing Address Irview Boad Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3016977 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent LUCAS, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 219 SOUTH BRADFORD STREET **TAMPA FL 33609** Zip Code City F٤ 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. Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent's gnature 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Paya le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE LUCAS, STEPHEN J. NAME NAME STREET ADDRESS STREET ADDRESS 219 SOUTH BRADFORD STREET CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33609 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowere

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13. Thereby certify that the information supplied with this filing does not qualify fire 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

phen J. Lucas SIGNATURE:

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CR2E034 (10/00)