2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # M73865 RED OAK FARM OF OCALA, INC. 03-20-2000 90124 021 ***150.00 Principal Place of Business Mailing Address 105 EAST 21ST STREET 105 EAST 21ST STREET HIALEAH FL 33010-2733 HIALEAH FL 33010-2733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1790858 Not Applicable Zip Country Zipi 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 BRUNETTI, JOHN, SR. Street Address (P.O. Box Number is Not Acceptable) 105 EAST 21ST STREET HIALEAH FL 33011 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME BRUNETTI, ANNA G. NAME STREET ADDRESS STREET ADDRESS 3200 N.E. 36 ST. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME Brunetti, john J. NAME 105 E 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL Change ☐ Addition ☐ Delete TITLE BRUNETTI, JOHN J. J NAME STREET ADDRESS STREET ADDRESS 105 E 21ST STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition TITLE ☐ Delete TITLE BRUNETTI, STEPHEN P. NAME NAME 105 E 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition Delete TITLE TITLE BOBER, MONROE NAME STREET ADDRESS 105 EAST 21ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition ☐ Delete TITLE TITLE

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. In all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME TO CHAM A OFFICER OR DIRECTOR

3/13/00

732-727-3300

Daytime Phone #