2000 UNIFORM BUSINESS REPORT (UBR) \mathbf{FILED} DOCUMENT # N48224 Sep 05, 2000 8:00 am PINES Mobile Home OWNERS PRESOCING Secretary of State 09-05-2000 90042 026 ****61.25 Principal Place of Business 1005 Whitehurst RD # 52 CATEARIN 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 FIORIDA 593126624 Not Applicable 5. Certificate of Status Desired - - - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sheryl A. EDWARDS ESQ 1600 SECOND St. Shipley A BAKER Street Address (P.O. Box Number is Not Acceptable) 512 757 SARASOTA 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. le Shipley A. DAKER V.P Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS PRESIDENT Change 💹 Delete TITLE TITLE DANIEL DOAN 1005 whitehurst RD # 68 Joseph Bueton 1005 whitehass Ro #07 NAME STREET ADDRESS STREET ADDRESS PLANTCITY F1 33567 CITY-ST-ZIP CITY-ST-ZIP Plant-City FL 33567 michen/ DAVIS A Delete 10.05 Whitehurst RD #26 Delete TITLE TITLE ShiRley A BAKER 1005 Whitehurst RD #16 NAME MAME STREET ADDRESS STREET ADDRESS PLANT CITY-F1 33567-CITY-ST-ZIP -CITY-ST-ZIP 🔼 Change ☐ Addition TITLE TITLE WALTER MURPHY 1005 Whitehuest RO # 55 ROSEMARY AX NAME NAME 1005 Whitehurst RO # 70 STREET ADDRESS STREET ADDRESS City-St-7iP PlANT C, ty F1 33567 CITY-ST-ZIP Change ☐ Addition E.ARtis WEBSTER 1005 Whitehurst RD #22 NAOM: DONAWAY 1005 Whitehurst RD #82 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Plant City Fl 33567 CITY-ST-ZIP TITLE AREND ROELOSSEN Alice Lynch NAME 1005 Whitchurst Ro # 48 1005 Whiteharst RD #7 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP Plant City Fl 33567 CITY-ST-ZIP ☐ Delete TITLE TITLE EMMEHT DANIELS 1005 Whitehuest RD #66 NAME NAME STREET ADDRESS STREET ADDRESS PlANT CITY FI CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Dayline Phone #