2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 400 A 000 23 950 N9800001500 FILED Jun 05, 2000 8:00 am R+E, INC. OF TAMPA **Secretary of State** 06-05-2000 90048 002 ****61.25 Principal Place of Business MAINING ADDRESS 4314 E. 7 LA AVENUE TAMPA, FLORIDA 33605 4314 2. 7th Avenue TAMPA FLORIDA 33605 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 59.3500.33 Not Applicable Zip Country 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 uvette Roberts 14 E. 7th Avenue TAMPA, FLORIDA 33605 33605 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TRESIDENT PRESIDEN + ☐ Addition Ø Delete Change TITLE HOBERT E. HICKMAN KIRK Bullock 4314 E. 7th Avenue NAME 4314 E. 7th AVENUE STREET ADDRESS STREET ADDRESS TAMPA, FLORIDA 33605 TAMPA FLORIDA 33605 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Delete TITLE **□K**Change ☐ Addition TITLE KIRK BullOCK 4314 E. 74A AVENUE HICKMAN NAME 4314 E. THA AVENUE STREET ADDRESS STREET ADDRESS TAMPA, FLOKIDA 33605 CITY-ST-ZIP CITY-ST-7IF Delete Change Addition TITLE TITLE CARA M. Puleo 4314 E. 7th AVENUE NAME STREET ADDRESS STREET ADDRESS TAMPA, FLOREDA 3360 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

SIGNATURE: