FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P0000000640 DOCUMENT # 1. Entity Name HOME KEY REALTY, INC. 05-28-2002 91530 038 ***550.00 Principal Place of Business Mailing Address 916 WOODSIDE CIRCLE 916 WOODSIDE CIRCLE 4 5 3 1 1 3 KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 3501 W. VINE ST. 3501 W. VINE ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 354 SUITE City & State Applied For City & State 59-3621057 Kissimmee Not Applicable KISSIMMEE Country U.S.A Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34741 U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAGGOALE Victoria RAGSDALE, VICTORIA Street Address (P.O. Box Number is Not Acceptable). - 816 WEOBSIDE CHOLE 350 W. VINE ST. # 354 W. VINE 罗 Zip Code 34741 KISSIMMEE FL 34741 Kissimmet 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. VICTORIA RAGGDALE, ONNER (NOTE: Regist FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TITLE ☐ Delete RAGSDALE, VICTORIA NAME 916 WOODSIDE CIRCLE, H 3501 W. VINE ST, # 354 STREET ADDRESS STREET ADDRESS KISSIMMEE - FL 34741 KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [Addition ☐ Delete TITLE 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 oath; that I am an officer or director of the corporation or the receiver of 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 WEVICTORIA RAGSDALE, P.D. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR