2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 08:00 AM DOCUMENT # P0000001567 1. Entity Name **Secretary of State** T. G. FINCK REAL ESTATE, INC. Principal Place of Business Mailing Address 4625 NORTH A1A 4625 NORTH A1A VERO BEACH FL VERO BEACH FL32963 32963 2. Principal Place of Business 3. Mailing Address 63 CACHE CAY DRIVE 63 CACHE CAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For VERO BEACH FL VERO BEACH 65-0993883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'HAIRE MICHAEL 3111 CARDINAL DRIVE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FLUS City Zip Code 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. 03/12/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change THOMAS MAME FINCK G NAME FINCK THOMAS STREET ADDRESS 4625 NORTH A1A STREET ADDRESS 63 CACHE CAY DRIVE VERO BEACH CITY-ST-ZIP FL 32963 VERO BEACH CITY-ST-ZIP 32963 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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, with all other like empowered. Thomas G. Finck SIGNATURE: _ 03/12/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR