2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR P

DOCUMENT # P0000010859 JERRY S. JOHNSON SIGNATURE HOMES, INC. 02-14-2001 90003 033 ***150.00 Principal Place of Business Mailing Address 1221 DUNLAWTON #200 1221 DUNLAWTON #200 PORT ORANGE FL 32119 PORT ORANGE FL 32119 2. Principal Place of Business 3. Mailing Address PO BOX 291338 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State City & State Applied For PORT ORANGE Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32129 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, JERRY S SR. Street Address (P.O. Box Number is Not Acceptable) 1221 DUNLAWTON #200 PORT ORANGE FL 32119 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) TITLE Delete President NAME Johnson, Jerry 5 Sr. NAME 1221 Dunlawton Ave. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Daytona Beach, FL 32127 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY: ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-2IP T131 F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition 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 eath; 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 anleadness. With all other like empowered. 2-9-01 SIGNATURE: 767-800

2/14

FILED Mar 02, 2001 8:00 am Secretary of State