2001 UNIFORM BUSINESS REPO[illegible]

FILED
Sep 12, 2001 8:00 am
Secretary of State

07-25-2001 90006 029 ***558.75

DOCUMENT # P00000016067

1. Entity Name
L & R PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2241 S.W. 180TH AVENUE MIRAMAR FL 33029	2241 S.W. 180TH AVENUE MIRAMAR FL 33029

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3120 46th Ave North	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: 33714 Country: USA	Zip Country

4. FEI Number: 65-0983880 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADDUX, LISA G 2241 S.W. 180TH AVENUE MIRAMAR FL 33029	Name: LISA G MADDux Street Address (P.O. Box Number is Not Acceptable): 3120 46th AVE North City: St. Petersburg FL Zip Code: 33714

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: Lisa G. Maddux DATE: 7/12/01

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LISA G. MADDUX		NAME	
STREET ADDRESS	1200 N 45th AVE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP	
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBERT B. MADDUX		NAME	
STREET ADDRESS	1200 N 45th AVE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP			CITY-ST-ZIP	

CR2E034 (5/01)

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.

SIGNATURE: Lisa G Maddux [illegible] 7/12/01 727-521-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #