CR2E034 (9/01

2002 Uniform Business Report (UBR)

SIGNATURE: KOBE

Apr 08, 2002 8:00 am Secretary of State **DOCUMENT #** P00000016067 1. Entity Name L & R PROPERTY MANAGEMENT, INC. 04-08-2002 90075 042 ***150 00 Principal Place of Business Mailing Address 3120 46TH AVENUE NORTH 3120 46TH AVENUE NORTH SAINT PETERSBURG FL 33714 SAINT PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0983880 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MADDUX, LISA G Street Address (P.O. Box Number is Not Acceptable) 3120 46TH AVENUE NORTH SAINT PETERSBURG FL 33714 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MADDUX, LISA G NAME NAME STREET ADDRESS 1200 N 45TH AVENUE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33703 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME MADDOX, ROBERT 8 NAME STREET ADDRESS 1200 N 45TH AVENUE STREET ADDRESS CITY-ST-ZIP SAINT 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ 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 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 trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OFO