2003 FOR PROFIT CORPORATION

FILED May 30, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000036888 DOCUMENT # 05-30-2003 90090 028 ***550.00 1. Entity Name IRB PROPERTIES, INC. Principal Place of Business Mailing Address 2240 BELLEAIR RD., STE, 160 2240 BELLEAIR RD., STE. 160 CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3641161 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 O'CONNOR, PATRICK M ESQ Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR RD., STE. 160 **CLEARWATER FL 33764** Zip Code City FI 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Defete TITLE NAME O'CONNOR, PATRICK M NAME STREET ADDRESS 2240 BELLEAIR RD., STE. 160 STREET ADDRESS CITY-ST-7IP CLEARWATER FL 33764 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MASSINGILL J. LARRY NAME 2240 BELLEAIR RD., STE. 160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FOX, JEFFREY M NAME STREET ADDRESS 2240 BELLEAIR RD., STE. 160 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33764 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Addition ☐ Change

12. Thereby 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 10 or Block 11 if

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

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Change

■ Addition