2003 FOR PROFIT CORPORATION

FILED Feb 17, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P00000041071 DOCUMENT # 1. Entity Name 02-17-2003 90239 031 ***150.00 VICKI JONES, REALTOR, INC. Principal Place of Business Mailing Address 920 HADDOCK DR. 920 HADDOCK DR. CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address 730 Brown Rd Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Zity & State City & State 4. FEI Number Applied For 59-3650143 551m Country Not Applicable \$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 AALAMON JONES, VICKI Street Address (P.O. Box Number is Not Acceptable) 920 HADDOCK DR. CLERMONT FL 34711 City SIMMER 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 reg (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. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition JONES, VICKI NAME NAME 920 HADDOCK DR STREET ADDRESS STREET ADDRESS 30 CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE

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 changed, or on an attachment with an address

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

☐ Delete

Change

☐ Addition

☐ Addition