FILED Mar 25, 2002 8:00 am g Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000045554 1. Entity Name 03-25-2002 90190 037 ***150 00 OUT TREK HOMES INCORPORATED Mailing Address Principal Place of Business 2532 SW 31ST TERRACE P.O. BOX 15238 CAPE CORAL FL 33915 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address SE PO BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State FLORIDA 65-1076278 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name `MILLER, JESSE M 2532 SW 31ST TERRACE CAPE CORAL FL 33914 City 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition Change TITLE TITI F ☐ Delete MILLER, JESSE M NAME NAME MILLER, JESSE M 3108 SW 18 TH PLACE STREET ADDRESS STREET ADDRESS 2632 SW 31ST TERRACE CAPE CORAL FLORIDA 33914 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 address, with all other like empowered changed, or on an attachment with an

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP