2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P0000055096 1. Entity Name MYRIAD PROPERTIES, INC. 03-01-2001 91323 035 ***150.00 Principal Place of Business Mailing Address 3166 HIGHLANDS BY THE LAKE WAY 3166 HIGHLANDS BY THE LAKE WAY LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3658669 City & State City & State Applied For Not Applicable Zip Country Country \$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 MOORE, ANDREW R Street Address (P.O. Box Number is Not Acceptable) 3166 HIGHLANDS BY THE LAKE WAY LAKELAND FL 33813 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Change Addition Delete TITLE TITLE MOORE, ANDREW R NAME NAME P O BOX 5951 STREET ADDRESS STREET ADDRESS LAKELAND FL 33807-5951 CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TIYLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP n Khis filing d ot cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied wit indicated on this report or supplemental report i es not true and ccurate of the corporation or the receiver or trustee en execute changed, or on an attachment with an address ner like mpowered

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