2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000056113 1. Entity Name FEDERATED HOMES OF FLORIDA, INC. 04-23-2001 90098 034 ***150 00 Principal Place of Business Mailing Address 2500 N. UNIVERSITY DRIVE. SUITE #15 2500 N. UNIVERSITY DRIVE. SUITE #15 SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address 9920 721 W. ATTANT 87 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE m City & State City & State Applied For コマトナイナノロア 101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOTT, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2500 N. UNIVERSITY DRIVE, SUITE #15 SUNRISE FL 33322 HON 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. S. 570TT Kubert **SIGNATURE** 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition CR2E034,(10/00) **PST** TITLE TITLE ☐ Delete STOTT, ROBERT S NAME NAME 9920 nin 11 STREET ADDRESS STREET ADDRESS 2500 N. UNIVERSITY DRIVE, SUITE #15 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete TITLE TITLE STOTT, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 2500 N. UNIVERSITY DRIVE, SUITE #15 lantation, FL 33322 CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33322 JITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: