2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000077836

Entity Name: EXCHANGE ONE INVESTORS, INC.

Current Principal Place of Business:

879 MEADOWLAND DR STE B
NAPLES, FL 341082501

New Principal Place of Business:

615 19TH AVENUE N.E.
ST PETERSBURG, FL 33704 US

Current Mailing Address:

879 MEADOWLAND DR STE B
NAPLES, FL 341082501

New Mailing Address:

615 19TH AVENUE N.E.
ST. PETERSBURG, FL 33704 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYCE, EDITH
879 MEADOWLAND DR STE B
NAPLES, FL 341082501 US

Name and Address of New Registered Agent:

JOYCE, EDITH
615 19TH AVENUE N.E.
ST PETERSBURG, FL 33704 US

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: 04/22/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: JOYCE, EDITH
Address: 879 MEADOWLAND DR
City-St-Zip: NAPLES, FL 34108

Title: VPT (X) Delete
Name: TRUDE, SAMUEL D
Address: 5560 NE 7TH AVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: JOYCE, EDITH
Address: 615 19TH AVENUE N.E.
City-St-Zip: ST PETERSBURG, FL 33704

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH JOYCE PS 04/22/2002
Electronic Signature of Signing Officer or Director — Date