DOCUMENT # P000000 85819

1. Entity Name

Hunter Real Estate Services of Jacksonville FL

FILED

01 OCT 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3333 S. Orange Ave Orlando, Fl 32857	P.O Box 568803 Orlando, Fl 32856

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
835 Summer Winds Ct Suite, Apt. #, etc.	835 Summer Winds Ct Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando
Zip: 32806 Country: Orange	Zip: 32806 Country: Orange

4. FEI Number: 59-3746904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
David Michael Hunter 835 Summer Winds Ct. Orlando, Fl 32806	Name: Jennifer Roberts Street Address (P.O. Box Number is Not Acceptable): 3333 South Orange Ave Suite 229 City: Orlando FL Zip Code: 32806

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: Jennifer P. Roberts — Jennifer P. Roberts — 10/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Secretary David Michael Hunter PO Box 568803 Orlando Fl 32856 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Secretary & Broker Jennifer P. Roberts PO Box 568803 Orlando Fl 32856 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004679751--9 -11/14/01--01099--010 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

Amended Report

CR2E034 (11/00)

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: Jennifer P. Roberts Jennifer P. Roberts 10/24/01 (407) 438-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paid ck# 1050 - 6/24/01