2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P0000088840 1. Entity Name BREXSON LAND PARTNERS, INC. 03-29-2001 90354 042 ***150.00 Mailing Address Principal Place of Business 83 RIVER COURT 83 RIVER COURT NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEL Number City & State Not Applicable Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name "Rex, Wayne A ... Street Address (P.O. Box Number is Not Acceptable) 83 RIVER COURT NAPLES FL 34110 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITI F BRADLEY, WILLIAM NAME NAME 2 BRAMBLEWOOD POINT STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34105 CITY-ST-ZIP ■ Addition ☐ Change ns ☐ Delete TITLE TITLE GIBSON, JEFFREY T NAME NAME STREET ADDRESS 5920 WEST PORT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34116 Change ☐ Addition ☐ Delete TITLE TITLE REX, WAYNE A NAME NAME 83 RIVER COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR