(5/01)

FILED Aug 09, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR

P00000100111

DOCUMENT #

1. Entity Name CPC REALTY CORP. 08-09-2001 90045 009 ***550.00 Principal Place of Business Mailing Address 216 MARK TWAIN LANE 216 MARK TWAIN LANE ENGLEWOOD-FL ENGLEWOOD FL ROTONDA WEST, FL ROTONDA WEST, FL 2. Principal Place of Business 3. Mailing Address DIL MARK TWAIN IN LIL MARK TWAI Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For ROTONDA WE DIONDA WEST 65-1057416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMANN, FREDERIK C Street Address (P.O. Box Number is Not Acceptable) 216 MARK TWAIN LANE ENGLEWOOD-FL Zip Code mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT TITLE ☐ Delete TITLE Change GARNET BRENVER NAME STREET ADDRESS BUSI SYONEY AUE STREET ADDRESS CR2E034 CITY-ST-ZIP NORTY PORT, FL 14287 CITY-ST-ZIP VICE PRESIDENT MARK COOK TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 210 MEREDITH DR STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP TITLE SECRETARY Delete TITLE ☐ Change ☐ Addition NAME BENTE MORCH NAME STREET ADDRESS 6958 SPINNAWER BL STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP TREASURER HOFFMA FREDERIX HOFFMA NIGHARK TWAIN LN TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONAA WEST, FL 33947 CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

Delete

☐ Change

☐ Addition