2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000101783 1. Entity Name SOUTHERN HOME DESIGN AND CONSULTING, INC. 05-03-2001 91122 031 ***158.75 Mailing Address Principal Place of Business 330 SHANNON ÇT., NW 330 SHANNON CT., NW FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 00046106 3. Mailing Address 2. Principal Place of Business 230 SHANNON CT. 330 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SHANNON Applied For 4. FEI Number City & State City & State FLA Not Applicable REACH FT. WALTON BEACHPL WAL \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 2548 32548 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, J. MARK Street Address (P.O. Box Number is Not Acceptable) 151 S. MARY ESHER BLVD., STE. 304 MARY ESTHER FL 32569 Zip Code City 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PSD ☐ Delete TITLE TITLE MONEY, DAVID D NAME NAME STREET ADDRESS 330 SHANNON CT., NW STREET ADDRESS FT. WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

250-844-4308