2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 11, 2002 8:00 am Secretary of State P00000107966 DOCUMENT # 1. Entity Name SUNSHINE STATE REALTY, INC. 03-11-2002 90080 049 ***158.75 Principal Place of Business Mailing Address 931 SPANISH OAKS BLVD 931 SPANISH OAKS BLVD PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3682802 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ormes HORMES, RONALD C 931 SPANISH OAKS BLVD PALM HARBOR FL 34683 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. Feb. 14, 2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORMES, CHERYL L NAME NAME 931 SPANISH OAKS BLVD STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Delete TITLE Change ☐ Addition HORMES, RONALD C NAME NAME STREET ADDRESS 931 SPANISH OAKS BLVD STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Delete TITLE Change - Addition HORMES, CRAIG J NAME NAME STREET ADDRESS 931 SPANISH OAKS BLVD STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

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