2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:X

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P01000028129 1. Entity Name 04-17-2002 90005 026 ***158 LEMON BAY PROPERTIES, INC. Principal Place of Business Mailing Address 707 S. WASHINGTON BOULEVARD 707 S. WASHINGTON BOULEVARD SARASOTA FL 34236 SARASOTA FL 34236 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 Not Applicable Zip Country 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 John MESSICK, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA FL 34257 8. The above named entity submits this stater e of)changing its registered office or registered agent, or both, in the State of Florida. agent and title if applicable 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME REYNOLDS, PAUL G NAME STREET ADDRESS STREET ADDRESS 232 Pedro Street CITY-ST-7/P venice fl 34285 CITY-ST-ZIP ☐ Delete Change Addition NAME W. MACK GRIFFIN NAME STREET ADDRESS STREET ADDRESS 707 S. WASHINGTON BOULEVARD CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME tosch, John E STREET ADDRESS 707 S. WASHINGTON BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34236 ☐ Delete TITLE Change ☐ Addition NAME ibuchanan, Edward STREET ADDRESS STREET ADDRESS 707 S. WASHINGTON BOULEVARD CITY-\$T-ZIP CITY-ST-ZIP SARASOTA FL 34236 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exercise 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.