2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am § Secretary of State P01000052563 DOCUMENT # 1. Entity Name MANASOTA HOMES, INC. 05-28-2002 91784 006 ***150.00 Principal Place of Business Mailing Address 7282 55TH AVE. E. 7282 55TH AVE. E. **PMB 171** PMB 171 **BRADENTON FL 34203 BRADENTON FL 34203** ij 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 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 Name WOLFINGER, ENOLA H O Box Number's Not Acceptable Red Red R 4509 BEE RIDGE ROAD, #B SARASOTA FL 34233 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Delete TITLE 8466 N. Lockwood Ridge Ref. hange SHAY, JOHN M NAMÉ NAME #306 7282 55TH AVE. E. STREET ADDRESS STREET ADDRESS BRADENTON-FL-34203 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34243 8466 N. Lockwood Ridge Rechange TITLE ☐ Delete TITLE ☐ Addition NAME SHAY, GERALDINE L NAME #306 7282 55TH AVE: E. STREET ADDRESS STREET ADDRESS Sarasota, FL 34243 BRADENTON FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 an address, with all other like empowered. SIGNATURE: Date

Daytime Phone #