FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 31, 2002 8:00 am Secretary of State P01000060447 DOCUMENT # 1. Entity Name ORTEGA PROPERTIES, INC. 01-31-2002 90009 003 ***150.00 į زا Principal Place of Business Mailing Address 1200 RIVERPLACE BLVD, STE 800 1200 RIVERPLACE BLVD. STE 800 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3727616 Not Applicable cK501vi Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PULIGNANO, NICHOLS V JR Street Address (P.O. Box N 1200 RIVERPLACE BLVD, STE 800 JACKSONVILLE FL 32207 Zio Code 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 if applicable. (NOTE: Registered Agent signature required when reinstating Acad FILE-NOW!!! FEE IS \$150.00 •9. This corporation is eligible to satisfy its Intengible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 12. Change TITLE , Treasurer ☐ Addition ☐ Delete PARHAM, WILLIAM H.JR NAME NAME 121 W FORSYTH ST, STE 200 STREET ADDRESS STREET ADDRESS 3946 ME Girts CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32202 acksonville Secretary ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME Herrl Wood Yarham STREET ADDRESS STREET ADDRESS 3446 M& Garts Blod. CITY-ST-ZIP CITY-ST-ZIP <u> 32210</u> Jacksmuille Prisiduat Change **X**Addition ☐ Delete TITLE TITLE W. Karold Parham NAME NAME STREET ADDRESS STREET ADDRESS SISI VACHTCIUB Rd. CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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.

SIGNATURE:

SIGNATURE AND TYPES OF RRINTED NAME OF SIG

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacham Tr.

904 598-764

CR2E034 (9/01)