– AMENDED –

05-18-2002 90063 001 ***245.00

SECRETARY OF STATE
DIVISION OF CORP P01000063058

02 SEP 24 PM 12:01

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063058

1. Entity Name:

ASMARA OF FLORIDA III, INC. - NC 9/17/02

DO NOT WRITE IN THIS SPACE

99615

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
10108 Industrial Drive	P.O. Box 410747	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Pineville, NC	City & State: Charlotte, NC	4. FEI Number: 59-3736245 ☐ Applied For ☐ Not Applicable
Zip: 28134 Country: USA	Zip: 28241 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Benjamin M. Abdallah

Street Address (P.O. Box Number is Not Acceptable): 6278 Aventura Drive

City: Sarasota FL Zip Code: 34241

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: Benjamin M Abdallah
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**January 1 - May 1 Fee Is $150.00** **After May 1, Fee is $550.00** **Amended UBR is $61.25** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board W. Revel Bellamy 10108 Industrial Drive Pineville, NC 28134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Erika W. Quirk 4140 NW 27th Lane, Ste. F Gainesville, FL 32606	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Secretary Lee E. Ellison 10108 Industrial Drive Pineville, NC 28134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/24/02