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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2003 8:00 am Secretary of State P01000081472 **DOCUMENT #** 04-30-2003 90031 022 ***150.00 1. Entity Name FOUR STAR LAND HOLDING, INC. Principal Place of Business Mailing Address 11026329 5802 CHERRY ROAD 5802 CHERRY ROAD OCALA FL 34472 OCALA FL 34472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3738415 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 판단 ARMSTRONG, CHRIS Street Address (P.O. Box Number is Not Acceptable) 5802 CHERRY ROAD **OCALA FL 34472** City Zip 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change Addition ARMSTRONG, SCOTT W NAME NAME 5802 CHERRY ROAD STREET ADDRESS STREET ADDRESS **OCALA FL 34472** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition ARMSTRONG, CHRIS NAME NAME 5802 CHERRY ROAD STREET ADDRESS STREET ADDRESS **OCALA FL 34472** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition ARMSTRONG, WENDY S NAME NAME 5802 CHERRY ROAD STREET ADDRESS STREET ADDRESS **OCALA FL 34472** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PETTY, TIMOTHY NAME NAME 5802 CHERRY ROAD STREET ADDRESS STREET ADDRESS **OCALA FL 34472** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TIECHE. STEVEN NAME STREET ADDRESS 5802 CHERRY ROAD STREET ADDRESS CITY-ST-ZIP OCALA FL 34472 CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with a other like.empowered

SIGNATURE: