2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State DOCUMENT # P01000085755 1. Entity Name 05-21-2002 91187 021 ***150.00 KEY REAL ESTATE INVESTMENTS. INC. Principal Place of Business Mailing Address 1047 SHINNECOCK HILLS DR 1047 SHINNECOCK HILLS DR OVIEDO FL 32765-5809 OVIEDO FL 32765-5809 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 JOHNSON, LAWRENCE D Street Address (P.O. Box Number is Not Acceptable) 925 S DENNING DR, STE 4 WINTER PARK FL 32789 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WOODLEY, HELENE A STREET ADDRESS STREET ADDRESS 1047 SHINNECOCK HILLS DR CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765-5809 ☐ Delete TITLE Change ☐ Addition NAME WOODLEY, CARMON L NAME STREET ADDRESS STREET ADDRESS 1047 SHINNECOCK HILLS DR CITY-ST-ZIF CITY-ST-7IP OVIEDO FL 32765-5809 TITLE - --- Delete TITLE Change Addition NAME NAME WOODLEY, ERICA STREET ADDRESS STREET ADDRESS 1047 SHINNECOCK HILLS DR CITY-ST-ZIP OVIEDO FL 32765-5809 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE

trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

13. I hereby certify that the information supplied with this filling 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 of