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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P01000101664 **Secretary of State** TODAY HOMES DEVELOPMENT, INC. 02-11-2002 90198 016 ***150.00 Principal Place of Business Mailing Address 1495 S VOLUSIA AVE. SUITE 102 1495 S VOLUSIA AVE. SUITE 102 ORANGE CITY FL 32763 **ORANGE CITY FL 32763** 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 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 CONLEY, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 1495 S VOLUSIA AVE, SUITE 102 **ORANGE CITY FL 32763** 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE ☐ Change Addition NAME CONLEY, STEVEN J NAME STREET ADDRESS CR2E034 1495 S VOLUSIA AVE, SUITE 102 STREET ADDRESS CITY-ST-ZIP **ORANGE CITY FL 32763** CITY-ST-ZIP TITLE ☐ Delete D TITLE Change ☐ Addition CONLEY, JOHN B NAME STREET ADDRESS 1495 S VOLUSIA AVE. SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY FL 32763 TITLE ☐ Defete TITLE ☐ Change Addition NAME CONLEY, EVALINE E NAME STREET ADDRESS STREET ADDRESS 1495 S VOLUSIA AVE, SUITE 102 CITY-ST-7/P CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 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-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR SIGNATURE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR OF DIRECTO

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 attachnoin twith an address, with all other like empowered.