Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90234 028 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000106808 DOCUMENT

1. Entity Name

HERON BAY INVESTMENT GROUP, INC.



Principal Place of Business Mailing Address 10100 WEST SAMPLE ROAD 10100 WEST SAMPLE ROAD THIRD FLOOR THIRD FLOOR CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 45-0462985 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 WALLBERG & RENZY, P.A. Street Address (P.O. Box Number is Not Acceptable) 10100 WEST SAMPLE ROAD SUITE 306 CORAL SPRINGS FL 33065 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change RENZY, RON NAME NAME STREET ADDRESS 10100 WEST SAMPLE ROAD, THIRD FLOOR STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Channe TITLE D۷ TITLE NAME NAME RENZY, SR., RON STREET ADDRESS STREET ADDRESS 10100 WEST SAMPLE ROAD, THIRD FLOOR CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition DS NAME RENZY, RYAN NAME STREET ADDRESS 10100 WEST SAMPLE ROAD, THIRD FLOOR STREET ADDRESS CITY-ST-ZIE CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/16/03 (954)346-3232