2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am § Secretary of State P01000116499 DOCUMENT # 1. Entity Name DEE ANN REAL ESTATE INVESTMENTS INC. Mailing Address Principal Place of Business 1246 RANCHWOOD DR E 1246 RANCHWOOD DR E 216066 **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEIRMENJIAN, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 1246 RANCHWOOD DR E **DUNEDIN FL 34698** Zip Code City 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, 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE D NAME DEIRMENJIAN, GEÖRGE P NAME STREET ADORESS STREET ADDRESS 1246 RANCHWOOD DR E CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DEIRMENJIAN, ANN M STREET ADDRESS STREET ADDRESS 1246 RANCHWOOD DR E CITY-ST-7IP. CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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/ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes. of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: