2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P01000120470 S & B REAL ESTATE HOLDINGS, INC.

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

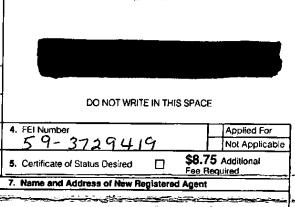
9984 STATE HWY 20 W

FREEPORT FL 32439

FILED Sep 30, 2002 8:00 am Secretary of State

09-11-2002 90100 006 ***550.00

4 O I O T



BURKE, M TODD 586 GRAND BLVD STE 100

Country

DESTIN FL 32550

Principal Place of Business

2. Principal Place of Business

9984 STATE HWY 20 W

FREEPORT FL 32439

Suite, Apt. #, etc.

City & State

Zip

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

Street Address (P.O. Box Number is Not Acceptable)

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)

Country

Name____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (4/02)Change ■ Addition NAME NORTON, JOHN S NAME STREET ADDRESS 9984 STATE HWY 20 W STREET ADDRESS **CR2E034** CITY-ST-ZIP FREEPORT FL 32439 CITY-ST-ZIP TITLE Drams ☐ Delete TITLE Change ☐ Addition sama, bradley c NAME NAME STREET ADDRESS 9984 STATE HWY 20 W STREET ADDRESS CITY-ST-ZIP FREEPORT-FL 32439 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 attachment with an address, with all other like empowered.

Davtime Phone #