Old. That was Petul.

FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90640 031 ***150.00

DOCUMENT # P02000017885 1. Entry Neme MORRIS (INVESTMENT PROPERTY INC.,						· =				
			Mailing Acidess 2888 GOLDEN POND BLVD ORANGE PARK, FL 32073				700	031	570	
Principal Place of Business 3. Malling Address				<u> </u>						
Suite, Agil, 6, etc. City 8, State City 8, State City 8, State				 	-	🛘 ОНЕОК НЕ	RE IF MAKING	CHANGE	5	
			<i>a</i> –		37	1420	600	` -	Applied For_ Not Applicab	
Zıp		≃ = 2p =	≃ Coun	*y	8. Certific	ate of Status Desir		8.75 A	d ditional	╡
	6. Name and Address of Current Registered Agent				7. Name :	ind Address of No				╛
	DAVEY F DEN POND BLVD. PARK, FL 32073			Name Street Address (I	P.O. Box Nu	mber is Not Accept	lacie)			
				City	 · · ·		FL	2p Co		$\frac{1}{2}$
	re named entity submits fits statement is strong of registered agent.	x the purpose of changing its	registere	d office or registere	ed agent, or	coth, in the State of	f Florida. I um fa	ndar with), and accept	1
SIGNATURE	Signature, typical or promote name of day technic myses		i Paga gagi	Appropries appeals	man antung		Date			l
are con	FL - NOVIL "FEP ig 160 00 : 100 2 - 200 F : Will be 150 00 k Payable to Florida Department	i i				Election Campalign Trust Fund Contrib		\$5.1 Adde	00 May Be	1
10.	OFFICERS AND	DIRECTORS	11.		ADDITION	S/CHANGES TO C	FFICERS AND D	RECTOR	S IN 11	┧_
MAINE STREET MODIRESS GITY-ST-2P	MORRIS, DAVEY F	☐ Delimb	CUA-1	1 ADORESS S1-24			Γ] Change	Additsen	CR2E034 (10/02)
INTLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete	TITLE NAME STATES	ADOMESS 17-24] Change	Addition	25
TITLE NAME STREET ADDRESS DIV-ST-ZP	and a	☐ Deine	FRIE STREET COY-S	ADDMESS] Charge	Addison .	-
TITLE MAME STREET ADDRESS City-SI-20		☐ Delete	TOLE	ADOMESS			E	Change	Addition	
TRIE NAME: SIGET ADDRESS CITY-ST-ZP		☐ Defete	101E	ADDRESS				Change	Aldison .	
NAME SPEET ADDRESS CHY-SE-20		Delete	TITLE	ADDMESS			0	Change	Addition	
12. I hereby of indicated of the corp changed.	perity that the information supplied with on this report or supplemental report is portation or the receiver or injusted empts or on an attachment with an address, we	this king does not qualify for if rue and licourate and that my verted to execute if its report as that other like impowered.			on 119.07(3) ne legal effe lorida Status	(i). Florids Statutes of as if made under es: and that my nar	. I further certify to roath; that I am a ne appears in Bio	hat the in in officer ack 10 or	formation or director Block 11 it	
SIGNAT	URE / / X W	HYED HAME OF BOUNG OFFICER ON		3	/10/	03	404.5	36-	590	3

Afrachmand 70031570 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9299917885 YORRIS INVESTMENT PROPERTY DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Zip Fee Required 7 Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Amended UBR is \$61.25 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 13. Thereby 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 on an attemption of the corporation of the corp

3/2/67 904 536-5903

attachment with an address, with all other like er

SIGNATURE: