2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91291 024 ***150.00 DOCUMENT # P02000018787 1. Entity Name CUMMINGS KEY WEST REALTY, INC. 11023627 Principal Place of Business Mailing Address 5031 5TH AVE., #B-6 5031 5TH AVE., #B-6 KEY WEST, FL. 33040 KEY WEST, FL 33040 3. Mailing Address 2. Principal Place of Business 1609 WASHINGTONST 1619 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 229 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3040 Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANNEL - SADDLER CUMMINGS, CHANNEL 5031 5TH AVE., #B-6 Street Address (P.O. Box Number is Not Acceptable) KEY WEST, FL 33040 1609 WASHING FON KEY WEST 3041 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. CHANNEL SMOOL FILE NOW!!] FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. CR2E034 (10/02 Delete TITLE Change ☐ Addition NAME **CUMMINGS, PATRICK** NAME STREET ADDRESS 5031 5TH AVE., #B-6 STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Addition ☐ Delete **CUMMINGS, CHANNEL** NAME 1609 WASHINGTON ST STREET ADDRESS 5031 5TH AVE., #B-6 STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-2P TITLE ☐ Delete TITLE ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY+51-71P ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-st-ZP CITY-ST-ZIP TITLE ☐ Delete TRIE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered. HANNEL SADDLER INTED NAME OF SIGNING OFFICER OR DIRECTOR