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FILED

Mar 31, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

01-13-2003 90085 049 ***150.00 P02000107057 DOCUMENT # 1. Entity Name FLORIDA STAR HOMES MANAGEMENT, INC. Mailing Address Principal Place of Business 1411 S.E. 47TH STREET 4427 SE 16TH PLACE SUITE 9 #2 CAPE CORAL FL 33904 CAPE CORAL FL 33904 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 Not Applicable 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 WRIGHT, CHRISTINE F Street Address (P.O. Box Number is Not Acceptable) 4427 S.E. 16TH PLACE, #2 CAPE CORAL FL 33904 171 City 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 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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CR2E034 (10/02) Delete TITLE ☐ Addition NAME LEIENDECKER, RUTH NAME 1411 S.E. 47TH STREET, SUITE 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Defete Change TITLE Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Christine F. Wright, P.A.

Attorney At Law

#P02000107057 4427 S.E. 16th Place, Suite 2 · Cape Coral, FL 33904 Ph: 239.542.9955 • Fax: 239.542.9987 Email: cfwright@swfla.rr.com

March 27, 2003

Division of Corporations P.O. Box 1500 Tallaliassee, FL 32302-1500

RE: FEIN

Dear Sir or Madam:

Enclosed please find two annual report/uniform business reports which were returned for lack of FEIN. The information has now been completed and we requests the reports be filed.

If you have any questions, please contact me.

Sincerely,

Enclosures