## FILED 2003 FOR PROFIT CORPORATION Apr 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # \_ P02000122590 04-03-2003 90197 002 \*\*\*150.00 1. Entity Name D & E REAL ESTATE INVESTORS & MANAGEMENT, INC. Principal Place of Business Mailing Address PO BOX 883 9301 SW 92ND AVENUE APT B105 LAKE PLACID FL 33862 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 04-3738383 Not Applicable Złp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R Street Address (P.O. Box Number is Not Acceptable) 227 NORTH RIDGEWOOD DRIVE SEBRING FL 33870 8. The above named entity submixs 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 a SIGNATURE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change **M** Addition ☐ Delete TITLE VOLTZ, DONALD M NAME NAME t POBU 883 PO BOX 883 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33862 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE D/VPIS/T Addition effie voltz NAME VOLTZ. EFFIE P. 6 73 6X 88 3 PO BOX 883 STREET ADDRESS STREET ADDRESS Lake Placid, FL 37862 LAKE PLACID FL 33862 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 attachmen

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TIT! F

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition