🕯 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 18, 2002 8:00 am § Secretary of State DOCUMENT # P40749 1. Entity Name 03-18-2002 90038 046 ***150 00 MANATEE TOWN CENTER, INC. Principal Place of Business Mailing Address 2525 N LIMESTONE ST 2525 N LIMESTON STR SPRINGFIELD OH 45503 SUITE 102 SPRINGFIELD OH 4553 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 31-1342971 Not Applicable Zip Country 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 VALENTINE, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 272 MERMAIDS BIGHT NAPLES FL 33940 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. 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition TITLE TITLE Change DCP ☐ Delete NAME NAME CRABILL, CHARLES P. STREET ADDRESS STREET ADDRESS 2490 SIGNAL HILL RD. CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD OH ☐ Delete TITLE ☐ Change ☐ Addition TITLE DVC NAME VALENTINE, JAMES E. STREET ADDRESS STREET ADDRESS 272 MERMAIDS BIGHT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VALENTINE, JAMES E. NAME STREET ADDRESS STREET ADDRESS 272 MERMAIDS BIGHT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE ☐ Change ☐ Addition CRABILL, CHARLES P. NAME NAME STREET ADDRESS 2490 SIGNAL HILL RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD OH ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

Daytime Phone #