2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P9300007639 Mar 31, 2000 8:00 am Secretary of State 1. Entity Name BADGER HOMES INCORPORATED 03-31-2000 90071 039 ***150.00 Mailing Address Principal Place of Business 11147 HEARTWOOD PL 11147 HEARTWOOD PL WEST PALM BEACH FL 33414-5137 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0485754 Not Applicable Zip Country \$8.75 Additional Country 5... Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHASE, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 11147 HEARTWOOD PL WEST PALM BEACH FL 33414 Zip Code 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 ! dell' SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE CHASE, DANIEL A NAME NAME STREET ADDRESS 11147 HEARWOOD PL. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAMÉ 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 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 brt 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PRESIDENT