2001 UNIFORM BUSINESS REPORT (UBR)

PO BOX 1219

PONTE VEDRA BCH FL 32004

DOCUMENT # P93000015588 1. Entity Name

FLETCHER REALTY III, INC.

Principal Place of Business Mailing Address

1548 THE GREENS WAY JAX BCH FL 32250

US

FILED Apr 26, 2001 8:00 am Secretary of State

4-26-2001 90146 030 ***150.00

2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3172827 Not Applicable Zio Country Country Zip \$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 MELCHING, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 1548 THE GREENS WAY APT 4 PONTE VEDRA BEACH FL 32082 City Zio 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 Fiorida 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fifing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Change Addition FLETCHER, PAUL Z NAME NAME 1548 THE GREENS WAY STE 4 STREET ADDRESS STREET ADDRESS JAX BCH FL 32250 CITY-ST-ZIP CITY-ST-ZiP VDT TITLE TITLE Addition Delete ☐ Chance FLETCHER, JEROME S NAME NAME 1548 THE GREENS WAY SIREET ADDRESS STREE" ADDRESS JAX BCH FL 32250 CiTY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Chance Addition MELCHING, STEPHEN D NAME 1548 THE GREENS WAY STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP JAX BCH FL 32250 CITY - ST- ZIP 11115 ☐ Delete TITLE ☐ Chance Addition HUTCHINSON, FRANCES F NAME 1548 THE GREENS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX BCH FL 32250 CITY - ST- ZIF Delete TITLE Addition ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLS Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY - ST - 71P

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(-), 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 eath, 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 Statutos; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CR2E034 (10/00)