2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000028249** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name RAINEY INVESTMENT PROPERTIES, INC. 04-26-2000 90140 031 ***150.00 Principal Place of Business Mailing Address 3143 BROCKTON WAY 3143 BROCKTON WAY TALLAHASSEE FL 32312-2922 TALLAHASSEE FL 32312 US Principal Place of Business City & State 4. FEI Number Applied For ALLAHASSEE 59-3186839 LAHASSEE Not Applicable Country \$8.75 Additional 32301 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name RAINEY, DENNETT I Street Address (P.O. Box Number is Not Acceptable) 1828 W PENSACOLA ST OFFICE 631 E. CALL ST #110 TAMAHASSEE, FL Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete NAME NAME RAINEY, DENNETT I 631 E. Call ST, SUITE 110 STREET ADDRESS STREET ADDRESS 3143 BROCKTON-WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL-32312 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 like empowered

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SIGNATURE: SIGNATURE ADDITION FINED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYS DAYS DESCRIPTION DAYS DESCRIPTION DESC