2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am DOCUMENT # P93000032529 **Secretary of State** 1. Entity Name PLANTATION REAL ESTATE SERVICES. INC. 02-15-2001 90046 034 ***158.75 Principal Place of Business Mailing Address 8705 PERIMETER PARK BLVD. 8705 PERIMETER PARK BLVD. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3182369 Applied For Not Applicable Zip Zip 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 Name Donald C. Fort FORT, DONALD C. Street Address (P.O. Bax Number is Not Acceptable) 8705-8 Perimeter Park Blvd. 8705-8 PERIMETER PARK BLVD SUITE 105 JACKSONVILLE FL 32216 City 32216 Jacksonville, 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, 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 After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE COLEMAN, JOHN NAME NAME 8705-8 PERIMETER PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP President/Sec/Trea VST X7 Change ☐ Addition TITLE ☐ Delete TITLE Gail D. Tve TYE, GAIL D NAME NAME 8705-8 PERIMETER PARK BLVD. 8705-8 Perimeter Park Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP Jacksonville, FL 32216 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME Of SIGNING OFFICER OR DIRECTOR