2003 FOR PROFIT CORPORATION

of the corporation or the receiver or to changed, or on an attachment with

SIGNATURE:

May 29, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P93000039969 DOCUMENT # 05-29-2003 90139 047 ***550.00 1. Entity Name DE MORGAN PROPERTIES, INC. Principal Place of Business Mailing Address 8323 LINDBERGH CT 8323 LINDBERGH COURT SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Avenue West 3rd 3rdAvenue Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IS MAKING CHANGES ωD Applied For 4. FEI Number 65-0457344 Not Applicable 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 BARWICK, ROBERT D. ddress (P.O. Box Number is Not Acceptable) 8323 LINDBERGH CT. SARASOTA FL 34243 8. The above named entity submitted statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe **SIGNATURE** gent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change NAME BARWICK, ROBERT D. NAME 8323 LINDBERGH CT STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIF TITLE **VPFT** Delete TITLE ☐ Change ☐ Addition NAME WILLS, TRACY M NAME STREET ADDRESS 8323 LINDBERGH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Delete Change Addition TITLE TITLE DEIZRICK BARWICK 1111 3rd AVE WEST Suite 160 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST: ZIP Bradenton, Fl 34205 ☐ Delete ☐ Change Addition TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental

ICER OR DIRECTOR

5-27-03

FILED