2000 UNIFORM BUSINESS REPORT (UBR) 1/31/00-90099-040-\$150.00-\$150.00 DOCUMENT # P93000042922 FILED 1. Entity Name W.C. CLEVELAND PROPERTIES. INC. 00 MAR -2 AM 9: 14 STEEFARY OF STAPE Mailing Address Principal Place of Business TALLAHASSEE: PLONDA 421 MAPLE BLUFF CIR PO BOX 410161 MELBOURNE FL 32941-0161 MELBOURNE FL 32940 2. Principal Place of Business Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 59-3189868 -- Not Applicable \$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 Name CLEVELAND, W C -421 MAPLE BLUFF-CIHCLE MELBOURNE FL 32940 City 8. The above named entity submits this statement for the purpose of ghanging its registered office or registered agent, or both, in the State of Florida SIGNATURE (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. ☐ Addition TITLE ☐ Delete TITLE Ceveland-W.C CLEVELAND, W.C. --NAME 2275 VENETIA PLACE NAME 421 MAPLE BLUFF CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 32405 MELBOURNE FL CITY - ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TOTAL TOTAL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change M Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 of name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

321)288-2888