2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P93000046565 May 07, 2000 8:00 am Secretary of State SUN-LAKES (F.E.) MANAGEMENT INC. 05-07-2000 90011 013 ***150.00 Principal Place of Business Mailing Address 1633 EAST VINE STREET 1633 EAST VINE STREET SUITE 201 SLITE 201 400000--KISSIMMEE FL 34744-3705 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3198222 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAWKINS HAWKINS, TERENCE S Street Address (P.O. Box Number 1409 GRANDVIEW 2367 QUEENSWOOD CIRCLE **KISSIMMEE FL 34743** City KLSSIMME the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s IGNENCE S.C.-HAWKINS 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 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 ☐ Detete TITLE HAWKINS, JANE C NAME NAME 1409 GRANDVIEW BLVD STREET ADDRESS 2367 QUEENSWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743-3417 ☐ Delete TITLE HAWKINS, TERENCE \$ NAME NAME 1409 GRANDVIEW BLYD 2367 QUEENSWOOD CIR STREET ADDRESS STREET ADDRESS KISSIMMBE FL 34744-6613 CITY-ST-7IP **KISSIMMEE FL 34743-3417** CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 instee 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR