## ' 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000072686 BARRON REAL ESTATE, INC. 05-15-2001 90165 046 \*\*\*158.75 Principal Place of Business Mailing Address 2822 UNIVERSITY DRIVE 2822 UNIVERSITY DRIVE NUV CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 2900 University Drive 2900 University Drive Suite, Apt. #, etc. Suite 26 Suite, Apt. #, etc Suite 26 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0450711 Applied For Coral Springs, FL Coral Springs, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33065 33065 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Ladd, Charles B. Jr</u> LADD, CHARLES B. JR. Street Address (P.O. Box Number is Not Acceptable) 2900 University Drive 2822 UNIVERSITY DRIVE **CORAL SPRINGS FL 33065** Suite 26 Zip Code 33065 Coral Springs 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TITLE ☐ Delete TITLE X Change ☐ Addition LADD, CHARLES B JR NAME Ladd, Charles B. Jr STREET ADDRESS 818 SE 4TH ST #401 STREET ADDRESS 2900 University Drive, Suite 26 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Coral Springs, FL 33065 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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.

Lad BZIN

Charles B. Ladd