2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P93000086222 1. Entity Name S & D SEVILLA GARDENS, INC. 01-11-2001 90062 010 ***158.75 Mailing Address Principal Place of Business 13707 SW 91ST CT.. #B 13707 SW 91ST CT.. #B MIAMI FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0461822 City & State Not Applicable \$8.75 Additional Fee Required Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, ESQ., GWYNNE A Street Address (P.O. Box Number is Not Acceptable) **CARLTON FIELDS** ONE HARBOUR PLACE **TAMPA FL 33602** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Γ 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 CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE NAME CHANEY, SUZANNE E STREET ADDRESS 13707 S.W. 91 COURT #B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition Change ☐ Delete TITLE **VPST** NAME MCCLURE, DEDE STREET ADDRESS 5480 KEITHWOOD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CUMMING GA 30130** - Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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 ☐ Addition Change ☐ Delete NAME

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STREET ADDRESS

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. SUZANNE E CHANCY SIGNATURE: 2 G OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP