2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042928 May 15, 2000 8:00 am Secretary of State 1. Entity Name HOFMEISTER HOMES, INC. 05-15-2000 90151 001 ***150.00 Mailing Address Principal Place of Business 17521 US HWY 441 SUITE 30 17521 US HWY 441 MOUNT DORA FL 32757 SUITE 30 MOUNT DORA FL 32757-6737 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3248977 Not Applicable \$8.75 Additional Zip 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 HOFMEISTER, CARLA D Street Address (P.O. Box Number is Not Acceptable) 17521 US HWY 441 SUITE 30 **MOUNT DORA FL 32757** Zip Code City FL 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 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. D [X] Change ☐ Addition TITI E ☐ Delete TITLE HOFMEISTER, TOM L Hofmeister, Tom L. NAME NAME PO BOX 778 N/A STREET ADDRESS 17521 U.S. Hwy. 441, Suite 30 STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP Mount Dora, FL 32757 X Change ☐ Addition ☐ Delete TITLE TITLE HOFMEISTER, CARLA D NAME Hofmeister, Carla D. NAME PO BOX 778 N/A STREET ADDRESS STREET ADDRESS 17521 U.S. Hwy. 441, Suite 30 CITY-ST-ZIP CITY-ST-7IP **EUSTIS FL** Mount Dora, FL 32757 ⁻□ 'Change ☐ Addition X Delete TITLE TITLE HOFMEISTER, JOHN C. NAME NAME STREET ADDRESS PO BOX 778 N/A STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME TMAN STREET ADDRESS STREET ADDRESS CITY-ST-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 my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (352)383-5600