2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P94000049147 1. Entity Name PLACIDA PINEBROOK, INC. 04-24-2000 90130 032 ***150.00 Mailing Address Principal Place of Business BREUER. ELIZABETH A. BREUER. ELIZABETH A. 5370 GULF OF MEXICO DR STE 208 5370 GULF OF MEXICO DR STE 208 LONGBOAT KEY FL 34228-2047 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address 2 ND 1543 2ND ST. 1543 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 102 SUITE 102 Applied For City & State SARASOTA City & State 4, FEI Number 65-0501894 FL SARASOTA FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34236 U-Š Fee Required u.s 7. Name and Address of New Registered Agent _6.-Name and Address of Current Registered Agent -- --Name BREUER, ELIZABETH A. Street Address (P.O. Box Number is Not Acceptable) 5370 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 102 Zip Code SALASOTA 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 (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 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 11. OFFICERS AND DIRECTORS 12. PSTD TITLE Change Addition □ Delete TITLE BREUER, ELIZABETH A. NAME NAME 1543 DND ST. SUITE 102 STREET ADDRESS STREET ADDRESS 5370 GULF OF MEXICO DR STE 208 CITY-ST-ZIP SARASOTA CITY-ST-ZIP LONGBOAT KEY FL ☐ Addition TITLE Change Change ☐ Delete TITLE SHACKLETT, SHARON A NAME 1543 DND ST. JUITE 102 STREET ADDRESS 5370 GULF OF MEXICO DR STE 208 STREET ADDRESS 34236 SALASOTA CITY-ST-7IP CITY-ST-ZIP LONGBOAT KEY FL Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change → ☐ Addition Delete TITLE TITLE NAME NAME

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.

BREWER

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZA BETH

4/14/00

941 - 952 - 0533

Daytime Phone #