2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # P94000056956 **Secretary of State** 1. Entity Name KEYSTONE HOMES, INC. 03-21-2001 90048 037 ***150.00 Principal Place of Business Mailing Address 3611 W SWANN AVE 3611 WEST SWANN AVE TAMPA FL 33609 TAMPA FL 33809-4515 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 59-3259522 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCLAIN, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 3611 WEST SWANN AVENUE, SUITE 100 **TAMPA FL 33609** Zip Code 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 egent and title if applicable DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MCCLAIN, WAYNE A NAME STREET ADDRESS STREET ADDRESS 3611 WEST SWANN AVENUE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 TITLE ☐ Delete TITLE Change ■ Addition BLANTON , ROBERT E. BLANTON, ROBERT E NAME NAME 3121 W. KNIGHTS AVE. STREET ADDRESS STREET ADDRES 3006 MARQUETTE AVE 33611 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL TAMPA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITL F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP b does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is the corporation or the receiver or trustee employed. changed, or on an attachment with arraddre 836-2000 SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED