2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9400065590** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name REY: HARRISON & REY PROPERTY INVESTMENT, INC. 04-10-2000 90068 013 ***150.00 Principal Place of Business Mailing Address 6035 1S ST EAST 6035 1S ST EAST **BRADENTON FL 34203** TTTT FL 34203 2. Principal Place of Business 3. Mailing Address STRBET BAST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0515270 LORICIA Not Applicable \$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 REY, MICHAEL L Number is Not Acc 804 S FREMONT TAMPA FL 33606 33606 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition PN ☐ Change ☐ Delete TITLE TITLE REY, MICHAEL L NAME 258 WOODS DR. P.O BOX 1451 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MURPHY NC 28906 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE REY, IRENE B NAME STREET ADDRESS STREET ADDRESS 804"S." FREMONT CITY-ST-ZIF CITY-ST-ZIP TAMPA FL 33606 Addition ☐ Change ☐ Delete TITLE TITLE HARRISON, LARRY NAME NAME 6035 15TH STREET E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/4/00 (828) 837-109

E034 (9/99)