

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90083 047 ***150.00

629404

DO NOT WRITE IN THIS SPACE

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|--|---------|--|---------|
| DOCUMENT # P95000008845 | | | |
| 1. Entity Name JUNE CARDIN REALTY CORPORATION | | | |
| Principal Place of Business 80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32809 | | Mailing Address 2600 TRADEWINDS TRAIL ORLANDO FL 32805-5844 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. 110 | | 3. Mailing Address 3013 Eleuthera Ln. Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 32827 | Country | Zip 32827 | Country |

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| 4. FEI Number 59-3292786 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CARDIN, JUNE E 80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32809 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3013 Eleuthera Ln City FL Zip Code 32827 | |
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| 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 <u><i>June E Cardin</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable | | DATE <u>3/21/2000</u> | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|--|---------------------------------|--|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARDIN, JUNE E 80000 SOUTH ORANGE AVE., SUITE 203B ORLANDO FL 32809 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>June E Cardin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE <u>3/21/00</u> DAYTIME PHONE # <u>407 854 1993</u> |

CR2E034 (9/99)