FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P95000034333 1. Entity Name 04-24-2002 90340 001 ***150 INLAND HOMEBUILDING GROUP, INC. Mailing Address Principal Place of Business 8401 JR MANOR DRIVE 8401 JR MANOR DRIVE R0077377 SUITE 100 SUITE 100 TAMPA FL 33634 **TAMPA FL 33634** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3312671 Not Applicable Zip Country: Zip' 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 LYNCH, PAUL Street Address (P.O. Box Number is Not Acceptable) SHUMAKER, LOOP, AND KENDRICK 101 E JR MANOR DR STE 100 **TAMPA FL 33602** City 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 agent and title if applicable. (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, 2002 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 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE DCS ☐ Delete NAME svarez, Jack D NAME SUAREZ, JACK D 8401 IRManor Drive Suite 100 STREET ADDRESS STREET ADDRESS 8401 JR MANOR DRIVE, SUITE 100 CITY-ST-ZIP Tampa, FL 33634 CITY-ST-ZIP Delete TITLE TITLE TS Clark, James R. NAME NAME BROCK, ERIN TEN 8401 JR Manor STREET ADDRESS STREET ADDRESS 8401 JR MANOR DR., SUITE 100 CITY-ST-ZIP CITY-ST-ZIP Tampa, FC 33634 TAMPA FL 33634 Addition ☐ Change ☐ Delete TITI F TITLE Roaler, Andrew L. NAME NAME 8401 IR Manor Drive STREET ADDRESS STREET ADDRESS CITY-ST-7tP Tampa , FL 33634 CITY-ST-ZIP ☐ Change **X** Addition ☐ Delete TITLE TITLE Lynch, Paul R. NAME NAME ici E Kennedy Blvd. Ste. 2800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition 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-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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC OR DIRECTOR