2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P95000034336** JACK SUAREZ HOMES, INC. 04-27-2000 90099 021 ***150.00 Principal Place of Business Mailing Address 8401 JR MANOR DRIVE 8401 JR MANOR DRIVE SHITE 100 SUITE 100 TAMPA FL 33634 TAMPA FL 33634-1400 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3312673 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYNCH, PAUL R Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., SUITE 2800 **TAMPA FL 33602** Zip Code City 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 Signature, typed or printed name of registered agent 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, 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 OFFICERS AND DIRECTORS 11. D, P,S ☐ Addition ☐ Delete TITLE TITLE SUAREZ, JACK D NAME NAME STREET ADDRESS 8401 JR MANOR DRIVE, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition AS ☐ Delete TITLE NAME TENBROEK, ERIN E NAME STREET ADDRESS 8401 JR MANOR DRIVE, STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Delete TITLE **Change** ☐ Addition TITLE NAME THOMPSON, LINDA E NAME STREET ADDRESS 8401 JR MANOR DRIVE, STE 100 STREET ADDRESS CITY-ST-7IP TAMPA FL 33634 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000 813-886-29