2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000063497** May 10, 2000 8:00 am Secretary of State HERON BAY REALTY, INC. 05-10-2000 90136 028 ***150.00 Mailing Address Principal Place of Business 7514 NW 41ST STREET 7514 NW 41ST STREET CORAL SPRINGS FL 33065-2055 CORAL SPRINGS FL 33065 2. Principal Place of Business SAME SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEi Number City & State City & State 65-0740857 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL, RONALD OTIS SR. Street Address (P.O. Box Number is Not Acceptable) 7514 NW 41ST STREET **CORAL SPRINGS FL 33065** 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. **PSTD** TITLE Change ___ Addition Delete TITLE CAMPBELL, RONALD OTIS SR NAME NAME STREET ADDRESS STREET ADDRESS 7514 NW 41ST STREET CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE 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 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.

ROWALD OTTS CAMPLELL SR.) APRIL 28, 2000