2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P95000084728** 1. Entity Name D.S. WARE CUSTOM HOMES REALTY, INC. 05-17-2000 90913 044 ***150.00 Principal Place of Business Mailing Address 10601-213 SAN JOSE BLVD. 10601-213 SAN JOSE BLVD. JACKSONVILLE FL 32223-6610 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address 2931 Plummer Cove Road 2931 Plummer Cove Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3342913 Jacksonville, FL Jacksonville, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32223 Fee Required 32223 USA USA 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent Name ALLEN, GLENN K Street Address (P.O. Box Number is Not Acceptable) 353 EAST FORSYTH STREET JACKSONVILLE FL 32202 City Zio 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 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, 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 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition Delete TITLE WARE, DONALD S JR. NAME NAME 2931 Plummer Cove Road STREET ADDRESS STREET ADDRESS 10601-213 SAN JOSE BLVD. Jacksonville, FL 32223 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 X⁻7 Change ☐ Addition TITLE TITLE ☐ Defete CHAPPELL, KAREN T NAME NAME 2931 Plummer Cove Road 10601-213 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Jacksonville, FL 32223 CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

4-20-00

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FICER OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN