2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P95000096181 Apr 18, 2000 8:00 am Secretary of State ORCHARD REALTY INC. 04-18-2000 90065 009 ***150.00 Mailing Address Principal Place of Business 2033 TRADE CENTER WAY 2033 TRADE CENTER WAY SUITE 3 SUITE 3 NAPLES FL 34109-6243 NAPLES FL 34109 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0636764 Not Applicable Ζiρ \$8.75 Additional Country 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 RICHARDS, STANLEY V Street Address (P.O. Box Number is Not Acceptable) 2033 TRADE CENTER WAY SUITE 3 NAPLES FL 34109 Zip Code FL 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 OFFICERS AND DIRECTORS 12. 11. Addition CR2ECTA: CHARL ☐ Delete TITLE TITLE RICHARDS, STANLEY V NAME NAME STREET ADDRESS STREET ADDRESS 2033 TRADE CENTER WAY, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Change Maddition Addition ☐ Delete TITLE CORRECTION STOPPS, WILLIAM E NAME 2033 TRADE CENTER WAY 203 TRADE LENTER WAY STREET ADDRESS STREET ADDRESS 34109 NAPLES, FL CITY-ST-ZIP CITY-ST-7IP NAPLES IL 34109 Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP pption stated in Section 11907(3)(i). Florida Statutes. I further certify that the information we shall have the same legal effect as it made under oath; that I am an officer or director by Chaptel 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify for the exer indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute this reattre shall have lired by Chapte f my signa

SIGNATURE:

STANLEY/V. RICHARDS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empo