2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # **P96000002354** May 19, 2000 8:00 am Secretary of State ARA REALTY SERVICES, INC. 05-19-2000 90018 003 ***150.00 Principal Place of Business Mailing Address 103 COUNTRYSIDE DRIVE PO BOX 915596 LONGWOOD FL 32779 LONGWOOD FL 32791-5596 2. Principal Place of Business 3. Mailing Address 20 Tuternational 120 International Parkeray Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State Heathron 4. FEI Number 59-3366932 Not Applicable Country \$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 ALBERT R In. AUGER, ALBERT R JR Street Address (P.O. Box Number is Not Ad 10 Tufewar word 103 COUNTRYSIDE DRIVE LONGWOOD FL 32779 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. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE AUCEL, ALBERT R. Jr. AUGER, ALBERT R JR. 120 Intervational Parkway Heathrow, 71 32146 STREET ADDRESS 103 COUNTRYSIDE DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE Augen Loni J. 120 International Pankway AUGER, LORI J NAME NAME STREET ADDRESS STREET ADDRESS 103 COUNTRYSIDE DRIVE tathra 71 32746 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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.