FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-ZIP

attachment with an address, y

SIGNATURE:

1.cel2 FILED 16000036461 1. Entity Name 02 AUG 21 PM 4: 33 PARKSIDE HOMES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1700 N. University Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 City & State Coral Springs, Florida City & State 4. FEI Number Applied For 650680983 Not Applicable Zip Country U.S. Country \$8.75 Additional 5. Certificate of Status Desired 33071 Fee Required 7. Name and Address of Current Registered Agent LEE B. GARTNER, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 3300 N. University Drive IN THIS SPACE Suite 408 Coral Springs, Floridas 33065 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) January 1 - May 1. Fee is \$150,00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00. Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Theodore Sahley, President 1370 West 6th Street TITLE CR2E034B (12/01) TITLE NAME NAME STREET ADDRESS Suite 210 STREET ADDRESS CITY-ST-7IP Cleveland, Ohio 44114 CITY ST-ZIP Neal Margo, Vice President TITLE TITLE Suite 100 NAME NAME: STREET ADDRESS 1700 N. University Drive STREET ADDRESS Coral Springs, Florida 33065 CITY-ST-ZIP CITY-ST-71P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS

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 on an



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ACCOUNT NO. : 072100000032

REFERENCE

: 713951

7275376

AUTHORIZATION

COST LIMIT

ORDER DATE: August 21, 2002

ORDER TIME :

11:45 AM

ORDER NO. :

713951-005

CUSTOMER NO:

7275376

CUSTOMER:

Mr. John Sayre

Nicola, Gudbranson & Cooper, Republic Building, Suite 1400

25 West Prospect Avenue Cleveland, OH 44115

ANNUAL REPORT FILING

NAME: PARKSIDE HOMES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: