2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P96000040573** 1. Entity Name SARATOGA HOMES INC. 05-15-2000 90162 048 ***158.75 Principal Place of Business Mailing Address 1012 NANCY CIRCLE 1012 NANCY CIRCLE C/OANDREA RUSCH C/O ANDREA RUSCH WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-4333 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3494119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Ð 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name RUSCH, ANDREA Street Address (P.O. Box Number is Not Acceptable) 1012 NANCY CIRCLE WINTE SPRINGS FL 32708 2 PO DA 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 ed or printed name of registered agent and title if FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. President, Treasurer CR2F034 (9/99) Change Addition TITI F ☐ Delete TITLE RUSCH, ANDREA MAME Rusch Baugh, Andrea NAME STREET ADDRESS STREET ADDRESS 1012 NANCY CIRCLE CITY-ST-ZIP CITY-ST-7(P WINTER SPRINGS FL 32708 Vice President, Secretary ☐ Change X Addition ☐ Delete TITLE TITLE Wendi Ward NAME NAME 302 Morning Glory Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-718 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change 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 repeiver 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.

SIGNATURE:

SIGNATURE:

Date

Date

Date

Destine Phone #