2000 UNIFORM BUSINESS REPORT (UBR)

May 31, 2000 8:00 am Secretary of State DOCUMENT # P96000047046 PENDLETON PROPERTIES, INC. 05-31-2000 90033 030 ***550.00 Principal Place of Business Mailing Address 5053 OCEAN BOULEVARD #6 5053 OCEAN BOULEVARD #6 SARASOTA FL 34242-1607 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0686740 Not Applicable Zip Country \$8.75 Additional 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 PENDLETON, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 5053 OCEAN BOULEVARD #6 SARASOTA FL 34242 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 ☐ Change TITI F ☐ Delete PENDLETON, PATRICIA S NAME 5223 AVE DE CORTEZ STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.

SIGNATURE:

73 / 2 00 0 8034 tte Daytime Phone # Dept of State: They 15, 2000

Enclosed is 2000 Vineform

Business report and filing fee

550 00

I submit this fee was instourtanly delayed - My mother Helen taige was rushed to Sarasota Memorial Seriously iel * april 23 at 6 am 4 later discharged may 2. I was so distressed over her condition 4 male supelf available for her care of needs. Ordinarily, of am on top of my truseness responsibilities. If the circumstance would warrent and allow me to pay only \$150°, I would deeply appreceite it Sincerely, refunded, (3400°0). Tatricia I. 1-5053 Ocean Boulevard, No. 6 · Sarasola, Horida 34242 · Fax: (941) 346-8105 Tatricia D. Tendleton

1219 Siesta Bayside Drive • Sarasola, Florida 34242 • Telephone: (941) 346-8034

* Dre Poule Tiloton Stranger Suna Association