2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 13, 2001 8:00 am Secretary of State 01-13-2001 90047 030 ***158.75 DOCUMENT # P96000085610 AULD & WHITE PROPERTIES, INC. Principal Place of Business Mailing Address 4168 SOUTHPOINT PARKWAY 4168 SOUTHPOINT PARKWAY SUITE 101 SUITE 101 TICENAP JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 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 59-3408125 City & State Not Applicable Country \$8.75 Additional Zip 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 HATHAWAY, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 10151 DEERWOOD PARK BLVD. **BLDG 100 SUITE 250** JACKSONVILLE FL 32256 Zip Code City 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) 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 **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 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. CR2E034 (10/00) ☐ Addition Change ☐ Delete TITLE AULD. STEVEN W NAME NAME 4168 SOUTHPOINT PARKWAY STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE WHITE, EDWARD W JR NAME NAME 4168 SOUTHPOINT PARKWAY STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP Change Change Addition ☐ Delete TITLE LOBRANO, TOM S III NAME NAME STREET ADDRESS 2110 HERSCHEL STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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

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 eccurate 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 empoyered 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.

13. I hereby certify that the information supplied with this filing

SIGNATURE: