2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000085684 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** FLAMINGO PROPERTIES, INC. 03-02-2000 90178 022 ***150.00 Mailing Address Principal Place of Business SUNRIDGE WOODS BLVD SUNRIDGE WOODS BLVD **DAVENPORT FL 33837-5768** DAVENPORT FL 33837 DICOMODE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3415371 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCLARRY, GEORGE, C Street Address (P.O. Box Number is Not Acceptable) 301 N FERNCREEK AVE ORLANDO FL 32803 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 Signature, typed or printed name of registered agent and title if applicable (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE WARD, IAN F NAME NAME 26 HOLLY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHINGFORD, LONDON E47NG ENG CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE WARD, SUSAN A NAME NAME 26 HOLLY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHINGFORD, LONDON E47NG ENG ☐ Addition ☐ Change TITLE TITLE ☐ Delete HAWKINS, CHRISTINE J NAME NAME STREET ADDRESS 26 HOLLY DRIVE STREET ADDRESS CHINGFORD, LONDON E47NG ENG CITY-ST-7IP CITY-ST-ZIP Channe ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE · 1 · · 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 13. I hereby certify that the information supplied with this filling 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.

NING OFFICER OR DIRECTOR

Date

Daytime Phone #