2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P96000095263 Apr 07, 2000 8:00 am Secretary of State PACE GREENTREE ENTERPRISES, INC. D.B.A GREENTREE Homes 04-07-2000 90042 043 ***150.00 Principal Place of Business Mailing Address 119 OLD OAK CIR 119 OLD OAK CIR PALM HARBOR FL 34683-5860 PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business 300 OLD OAK CIRCLE 300 OLD OAK CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3539729 PALM HUSEBOR PALM Not Applicable \$8.75 Additional 34683 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASIUK JERRY SIBLEY, LARRY Street Address (P.O. Box Number is Not Acceptable) 118 OLD CIR PALM HARBOR FL 34683 300 OLD DAK CIRCLE 8. The above pared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida JERRY HASINIC SIGNATURE (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. VICE PRESIDENT JERRY HOSIUL 300 OCT OAK CIRCLE TITLE ☐ Delete TITLE NAME HASIUK, JERRY NAME STREET ADDRESS 300 OLD OAK CIRCLE STREET ADDRESS PALM HARBOR FL. 34683 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 LARRY SIBLEY 1436 SEAGULY DRIVE APT 4 207 PRESIDENT TITLE ☐ Delete TITLE NAME SIBLEY, LARRY NAME STREET ADDRESS 118 OLD OAK CIR STREET ADDRESS PALM HOLDOR FL. 34685 CITY-ST-ZIP CITY-ST-ZIP PLM HARBOR FL 34683 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change 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 ☐ Addition ☐ Change TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS 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 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