6/13 FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P97000044821 06-13-2000 90005 029 \*\*\*150.00 AMERICA REAL PROPERTIES CORPORATION 08-17-2000 90001 030 \*\*\*400.00 Principal Place of Business Mailing Address 1001 RIVERSIDE DRIVE. E 1001 RIVERSIDE DRIVE. E STE 200 STE 200 B0104 617 **PALMETTO FL 34221-5044** PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0771952 Not Applicable 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 \_vogler,\_edward\_ii\_ Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPST Addition ☐ Change Delete TITLE ZIRKELBACH, ALAN NAME NAME ģ 1001 RIVERSIDE DR. STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE VANDERNOORD, HARRY NAME STREET ADORESS 1001 RIVERSIDE DR. STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Change Addition ☐ Delete TITLE TITLE LIGHT, GARY G NAME 1001 RIVERSIDE DR. STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-SY-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE Delete TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-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 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: