2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9700056608 Apr 26, 2000 8:00 am Secretary of State REEBRO PROPERTIES, INC. 04-26-2000 90089 004 ***158.75 Principal Place of Business Mailing Address P.O. BOX 10243 5514 PARK BLVD. LARGO FL 33773-0243 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address 6880-46 Avenue N. P.O. Box 10007 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 240 City & State Largo, FL Applied For City & State St. Petersburg, FL 4. FEI Number 59-3456794 Not Applicable Zip 33709 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XX 33773 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name John W. Reed REED, JOHN W Street Address (P.O. Box Number is Not Acceptable) 5514 PARK BLVD. - PINELLAS PARK FL 33781 Seminole, FL 8. The above named entity submits this staterent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. President/Director 4/6/00 (NOTE: Registered Agent signature required when reinstating) ed 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 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 OFFICERS AND DIRECTORS 12. 11. XX Change Addition TITLE TITLE Delete REED, JOHN W NAME 9000-94 Avenue N. STREET ADDRESS STREET ADDRESS <u> 5514 Park Blyd.</u> Seminole, FL 33773 CITY-ST-ZIP CITY-ST-ZIP Pinellas Park Fl 33781 Vice Prés./Secretary XX Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME Michael J. Brown STREET ADDRESS STREET ADDRESS 1321 Monterey Blvd. N.E. CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33704 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

President/Director

727-545-9076

☐ Addition

☐ Change