2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2001 08:00 AM DOCUMENT # P9700079999 1. Entity Name **Secretary of State** STOUGHTON HOMES, INC. Principal Place of Business Mailing Address 1596 LAKE GEORGE RD P.O. BOX 99 SEVILLE FL FLAGLER BEACH FL32190 32136 2. Principal Place of Business 3. Mailing Address 802 E MOODY BLVD P.O. BOX 429 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BUNNELL FL BUNNELL 59-2729995 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOUGHTON WILLIAM STOUGHTON WILLIAM P 1596 LAKE GEORGE RD Street Address (P.O. Box Number is Not Acceptable) 5 ELLINGTON DR SEVILLE FL32190 US City Zip Code PALM COAST 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. WILLIAM P. STOUGHTON 01/21/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME SAMAROO MELISSA NAME 5 ELLINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP VPC ☐ Delete TITLE ☐ Change NAME BILLY MICHAEL NAME STREET ADDRESS 6 WOODLYN LANE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STOUGHTON NAME STREET ADDRESS 5 ELLINGTON DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST 32137 CITY-ST-ZIP ☐ Delete TITLE **X** Change ☐ Addition STOUGHTON WILLIAM NAME STOUGHTON WILLIAM STREET ADDRESS 1596 LAKE GEORGE ROAD STREET ADDRESS 5 ELLINGTON DR CITY-ST-ZIP SEVILLE 32190 CITY-ST-ZIP FLPALM COAST 32137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

01/21/2001

Daytime Phone #

Date

SIGNATURE: __William P. Stoughton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR