FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 18, 2002 8:00 am Secretary of State P97000094628 DOCUMENT # 1. Entity Name 04-18-2002 90414 037 ***150.00 MILITARY TRAIL REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 7251 W PALMETTO PARK RD P)) IRINI 7251 W PALMETTO PARK RD 206 **BOCA RATON FL 33433 BOCA RATON FL 33433** US 2. Principal Place of Business 3. Mailing Address Federal Hwi 555 <u>s.</u> Federal Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sulve Seilte 400 400 City & State City & State Applied For 4. FEI Number 65-0815109 **500**0 FL Not Applicable 33432 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -P. - Kina KING. JAMES P Street Address (P.O. Box Number is Not Acceptable) 7251 W PALMETTO PARK RD 206 **BOCA RATON FL 33433** 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 Signature, typed or (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. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME KING, JAMES D NAME 555 S. Federal Huzy # 400 7251 W PALMETTO PARK RD #206 STREET ADDRESS STREET ADORESS BOCA RATON FL 33433 😽 CITY-ST-ZIP CITY-ST-ZIE BOCA ROYEN FL 33432 TITLE ☐ Delete TITLE Change ☐ Addition schlubach Anita NAME SCHUBOCH, ANITA NAME 555 S. Federal Huy *400 7251 W. PALMETTO PARK RD., #206 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 an other like empowered.