2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000106258 Mar 01, 2000 8:00 am **Secretary of State** TODAY HOMES OF PLANT CITY, INC. 03-01-2000 90080 034 ***150.00 Principal Place of Business Mailing Address 110 E REYNOLDS ST #600 UNIT 6 110 E REYNOLDS ST #600 UNIT 6 PLANT CITY FL 33566-3370 PLANT CITY FL 33566 00327557 3. Mailing Address 2. Principal Place of Business 110 & Reynolos DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 400 4. FE! Number Applied For City & State 59-3485183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUSGROVE, DANNY J Street Address (P.O. Box Number is Not Acceptable) 1403 LIVE OAK COURT PLANT CITY FL 33566 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 OFFICERS AND DIRECTORS 12. 11. Addition Change PTD TITLE TITLE ☐ Delete MUSGROVE, DANNY J NAME STREET ADDRESS 110 E REYNOLDS ST #600 UNIT 6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MUSGROVE, RHONDA G NAME NAME 110 E REYNOLDS ST #600 UNIT 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 distance amount of the 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

SIGNATURE: