2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P98000001080 1. Entity Name ROSEWOOD COURT REALTY, INC. 03-15-2000 90049 045 ***150.00 Mailing Address Principal Place of Business 979 BEACHLAND BOULEVARD 979 BEACHLAND BOULEVARD VERO BEACH FL 32963-1688 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0823811 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINE, CHRISTOPHER H Street Address (P.O. Box Number is Not Acceptable) 979 BEACHLAND BOULEVARD VERO BEACH FL 32963 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITLE ☐ Delete TITLE NIJLAND, WILLEM C NAME NAME C/O 1625 E. ROSEWOOD CT STREET ADDRESS STREET ADDRESS VERO BCH FL 32966 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SMEETS, JAN K NAME NAME 1 LANDMARK SQUARE #1100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP STAMFORD CT 06901 CITY-ST-ZIP Change - Delete TITLE TITLE SANDERS, KEITH NAME NAME C/O 1625 EAST ROSEWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32966 [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall 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 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 an address, with all other like empowered. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO