2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # P98000020585** CORPORATE REAL ESTATE MANAGEMENT, INC. 03-22-2001 90027 037 ***150.00 Principal Place of Business Mailing Address 9419 120TH WAY NORTH 9419 120TH WAY NORTH SEMINOLE FL 33772 SEMINOLE FL 33772 3. Mailing Address 11590 Seminch Blvd. 2. Principal Place of Business 11590 Seminole Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 5 u ite A-13 4. FEI Number 59-3552113 Applied For City & State Largo, FL Not Applicable Largo \$8.75 Additional Country 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HINES, J. BRADFORD Street Address (P.O. Box Number is Not Acceptable) 9800 4TH STREET NORTH SUITE 403 ST. PETERSBURG FL 33702 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 (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, 2001 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. □ Delete TITLE TITLE ANDREWS, DENNING R NAME NAME Lake Seminole Dr. E. 9419-120TH-WAY NORTH-STREET ADDRESS STREET ADDRESS SEMINOLE FL-39772 CITY-ST-ZIP Largo. CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ANDREWS, SHARON L NAME NAME 9720 Lake Seminole Dr. E. Largo, FL 33773 9419-120TH WAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SÉMINOLE FL 33772 · Change ☐ Addition TITLE Delete TITLE NAME NAME 5---المحصوص والمحاسب STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:** SIGNATURE AND TYPED OF FINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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

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