FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P98000025548 **Secretary of State** PICERNE CIMARRON ESTATES ASSOCIATES, INC. 03-08-2001 90062 002 ***150.00 Principal Place of Business Mailing Address 247 NORTH WESTMONTE DRIVE 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3503264 Not Applicable Zip Country 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 COSTOLO, W. TERRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 City 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 printed name of registered agent and title it 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President Trensvier | Director Pohange Robert M. Picerne CR2E034 (10/00) TITLE Delete TITLE PICERNE, ROBERT M NAME NAME 247 N. Westmonte Dr. 247 NORTH WESTMONTE DRIVE STREET ADDRESS STREET ADDRESS Altamonte Springs, FL **ALTAMONTE SPRINIGS FL 32714** CITY-ST-ZIP CITY-ST-ZIP Vice-President ☐ Change Delete TITLE TITLE Dwayne Walker 247 N. Westmonte Dr. NAME NAME STREET ADDRESS STREET ADDRESS Altamonte Springs, FL 32714 Via-Prosident | Secretary | CITY-ST-ZIP CITY-ST-71P Delete TITLE ☐ Change TITLE Jack W. Erich NAME NAME 247 N. Westmonte Dr. STREET ADDRESS STREET ADDRESS Altamonte Springs, FL CITY-ST-ZIP CITY-ST-ZIP 32714 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

| SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date |