FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P98000028042 DOLORES SAPP REAL ESTATE CONSULTANTS, INC. 01-19-2001 90025 020 ***150.00 Principal Place of Business Mailing Address 10648 WAKE FOREST AVENUE 10648 WAKE FOREST AVENUE JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 00004380 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 59-3502162 Not Applicable 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 Name SAPP, DOLORES J Street Address (P.O. Box Number is Not Acceptable) 10648 WAKE FOREST AVENUE JACKSONVILLE FL 32218 City 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) Change ☐ Addition SAPP, DOLORES J NAME NAME STREET ADDRESS **10648 WAKE FOREST AVENUE** STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SAPP, DOLORES J NAME NAME 10648 WAKE FOREST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete - - Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITL F ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR DINNING IN SIGNATURE OR DIRECT

STREET ADDRESS

CITY-ST-ZIP

1-10-2001 (904) 757 5189 Daytime Phone #