2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029494 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name NORRISTOWN PROPERTIES, INC. 04-18-2000 90257 015 ***150.00 Mailing Address Principal Place of Business 1829 MELROSE PLANTATION DRIVE 1829 MELROSE PLANTATION DRIVE JACKSONVILLE FL 32223-5014 Jacksonviews Fl 32223 2. Principal Place of Business 3. Mailing Address Court Mill Court Old 01d 104 104 Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3501570 Punte Veilra Beach, 15-1 Ponte Vedra Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired indot 32082 Johns 32082 Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. -Name Street Address (P.O. Box Number is Not Acceptable) BOTTARO, JOHN J 1889 MELROSE PLANTATION DRIVE mill JACKSONVILLE FL 32223 32085 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. outhor SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE Delete TITLE Address only BOTTARO, JOHN J NAME ord Mill Court 104 STREET ADDRESS 1829 MELROSE PLANTATION DRIVE STREET ADDRESS 35085 JACKSONVILLE FL-32223 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE BOTTARO, LISA NAME Address only NAME Mill Court 014 1829 MELROSE PLANTATION DRIVE STREET ADDRESS STREET ADDRESS 104 32082 JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone I