2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State P98000038169 **DOCUMENT #** 1. Entity Name KAYTON REAL ESTATE, INC. 02-18-2002 90135 041 ***150.00 Mailing Address Principal Place of Business 3805 KEENE ROAD 3805 KEENE ROAD WAUCHULA FL 33873 WAUCHULA FL 33873 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1076484 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEDZA, J. KAYTON Street Address (P.O. Box Number is Not Acceptable) 3805 KEENE ROAD WAUCHULA FL 33873 Zip Code City FL 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, 2002 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. PD Change Addition ☐ Delete TITLE TITLE NEDZA, J. KAYTON NAME .NAME 3805 KEENE ROAD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change STD TITLE ☐ Delete TITLE NEDZA, SUSAN T NAME NAME 3805 KEENE ROAD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

70102 865-773-9

FILED