2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000039376** Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** LAUREL PARK PROPERTIES, INC. 03-06-2000 90020 035 ***150.00 Principal Place of Business Mailing Address 1343 MAIN ST. SUITE 204 1343 MAIN ST. SUITE 204 SARASOTA FL 34236 SARASOTA FL 34236-5605 2. Principal Place of Business 3. Mailing Address Street 1432 いろこ Streel Suite Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0844358 savasota Savaso 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 DRAKE, J KEVIN Street Address (P.O. Box Number is Not Acceptable) 1343 MAIN ST. SUITE 204 SARASOTA FL 34236 s registered office or registered agent, or both, in the State of Florida. 8. The above named entity submit statement for the SIGNATURE (NOTE. Registered Agent sumature required when reinstating) Signature, typed or pr 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, 2000 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 11, OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Change DRAKE, J KEVIN NAME NAME STREET ADDRESS 1343 MAIN ST, SUITE 204 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Change TITLE ☐ Delete TITLE HOYT, GARY B NAME NAME STREET ADDRESS 1408 CEDAR BAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition ☐ Delete TITLE Change RUTKOWSKI, DEVIN P NAME NAME 1920 LAUREL ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or 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 improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if section with all other like empowered. 13. I hereby certify that the information supplied indicated on this report or supplemental reof the corporation or the receiver or trist changed, or on an attachment with an a

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR