2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2000 8:00 am DOCUMENT # **P98000045862** Secretary of State **HUNTINGTON PROPERTIES, INC.** 02-16-2000 90030 041 ***150.00 Principal Place of Business Mailing Address 1352 U.S. HIGHWAY ONE 1352 U.S. HIGHWAY ONE JUPITER FL 33477-7220 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State APPLIED FOR 65-0869 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П **Fee Required** 7. Name and Address of New Registered Agent 6.: Name and Address of Current Registered Agent Name SCHWENCKE, KERRY R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD., STE. #720 WEST PALM BEACH FL 33401 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE TITI F PRZYSINDA, DAVID NAME NAME 1352 U.S. HIGHWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ■ Addition Change ☐ Delete TITLE SCHWENCKE, KERRY R NAME STREET ADDRESS 1352 U.S. HIGHWAY ONE STREET ADDRESS CITY-ST=ZIP CITY-ST-ZIP JUPITER FL 33477 Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #