2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State DOCUMENT # P98000057195 1. Entity Name HERITAGE FAIRMONT HILLS, INC. Principal Place of Business Mailing Address 5505 N ATLANTIC AVE #115 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3518520 Not Applicable Zip Country Zip 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 MCPHILLIPS, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931 Zip Code 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 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 11.5 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change ☐ Addition TITLE TITLE NAMĘ. MCPHILLIPS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 5505 N ATLANTIC AVE #115 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE ☐ Addition Change ☐ Delete TITLE NAME MCPHILLIPS, JACQUELINE NAME STREET ADDRESS STREET ADDRESS 5505 N ATLANTIC AVE #115 CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-7IP ☐ Delete TITI F Change Addition TITLE NAME NAME COLVARD, ALISON K STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE ☐ Delete TITLE ☐ Change Addition NAME FLEMING, RANDALL E NAME STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-7/P TITLE DC ☐ Delete TITLE Change ☐ Addition NAME NAME HARDING, NEAL STREET ADDRESS STREET ADDRESS 5505 N ATLANTIC AVE #115 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE □ Delete TITLE Change ■ Addition NAME KINCAID, JAMES NAME STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COCOA BEACH FL 32931

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SIGNATURE:

SIGNATURE

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.