2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000066617 SANTA ROSA PLAZA, INC. 04-25-2001 90375 020 ***158.75 Principal Place of Business Mailing Address 1214 US HWY. 98 E. P. O. BOX 1268 FT. WALTON BCH FL 32548 PHOENIX CITY AL 36868 2. Principal Place of Business 3. Mailing Address P.O. BOX 1268 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2405252 PHENIX Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 36868 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, W. WADE Street Address (P.O. Box Number is Not Acceptable) 10221 W. EMERALD COAST PKWY, SUITE 26 DESTIN FL 32541 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. TITLE ☐ Delete TITLE FUNDERBURK, KENNETH L NAME NAME FUNDERBURK, KENNETH L STREET ADDRESS STREET ADDRESS 1313 BROAD 21. 1313 BEARD ST. CITY-ST-ZIP CITY-ST-ZIP PHONIX CITY AL 36868 PHENIX CUT, AL 36867 Change ☐ Addition TITLE ☐ Delete TITLE COPELAN, LEORLE COPELAN, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 1313 BEARD ST. 1313 BROAD ST. CITY-ST-ZIP CITY-ST-7IP PHENIX CITY AL 36867 PHONIX CITY AL 36867 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 expowered.

SIGNATURE: