2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P98000067608 DOCUMENT # 1. Entity Name 05-21-2002 91226 045 ***150.00 BART JONES REALTY, INC. Mailing Address Principal Place of Business 1128-A BEVILLE RD 1128-A BEVILLE RD DAYTONA BEACH FL 32114-5769 DAYTONA BEACH FL 32114-5769 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3526262 City & State Not Applicable \$8.75 Additional Country Zio 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≂Name~ MITCHELL, JEROME D Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114 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. (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 **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME Jones, Dianne L NAME STREET ADDRESS 3246 RIVERVIEW LANE 32127 STREET ADDRESS 32127-6269 CITY-ST-ZIP DAYTONA BEACH FL 32118 6218- CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME Jones, Bart NAME STREET ADDRESS 3246 RIVERVIEW LANE 32127 STREET ADDRESS 32127 -6269 CITY-ST ZIP DAYTONA BEACH FL-32118-6218- CITY-ST-ZIP ☐ Change - ☐ Addition TITLE ---- Delete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 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.

FILED

04/29/02 386-252-4366