2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # P98000073578 1. Entity Name 05-15-2001 90127 012 ***150.00 ATLANTIC HOMES OF DISTINCTION, INC. Principal Place of Business Mailing Address 2107 PARK AVE NORTH 2107 PARK AVE NORTH D0052939 WINTER PARK FL 32789 WINTER PARK FL 32789 Principal Place of Business 3. Mailing Address (O Canton sa me Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3533213 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Gurrent Registered Agent 7. Name and Address of New Registered Agent CLORAN, GWEN Street Address (P.O. Box Number is Not Acceptable) 2107 PARK AVE NORTH WINTER PARK FL 32789 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Defete TITLE NAME NAME CLORAN, GWEN STREET ADDRESS 1310-TEMPLE-GROVE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UTITEV WINTER PARK FL 32789 ☐ Addition TITLE ☐ Delete TITLE NAME NAME CLORAN, URBAN J IRBA N STREET ADDRESS 1310 TEMPLE GROVE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify 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 legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of 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

Daytime Phone #