2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000078289 1. Entity Name "JOSHUA" REALTY & INVESTMENTS, INC. 04-24-2001 90308 049 ***158.75 Principal Place of Business Mailing Address 7045 HARBOR PT BLVD 5712 HOLLYWOOD BLVD 746352 HOLLYWOOD FL 33021 ORLANDO FL 32835 3. Mailing Address 7(02 HARBX 2. Principal Place of Business HEIGHTS CIR 7102 HARBOR HEIGHTS GR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0978839 ORLANDO FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRISON, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 7045 HARBOR PT BLVD ORLANDO FL 32835 HARBOR HE GHTS ORLANDO bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity (NOTE: Registered Agent signature required when reinstating) DATE printed name of registered agent and title if applicable. Signature, 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change ☐ Addition TITLE HARRISON, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 5712 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Change Addition SCERETAN □ Delete TITLE HARRISON, DEBBIE G NAME STREET ADDRESS 2934 E. MISSIONWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 extrustee 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 address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 407-822-39

Daytime Phone #

CR2E034 (10/00)

CR2E