2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # P98000078884 May 08, 2000 8:00 am Secretary of State 1. Entity Name SHORT TERM PROPERTIES, INC. 05-08-2000 90012 013 ***150.00 Mailing Address Principal Place of Business 1021 NW 97 AVE 1021 NW 97 AVE PLANTATION FL 33322 PLANTATION FL 33322-5687 2. Principal Place of Business 3. Mailing Address 9881 NW18DRIVE 9881 NW18 DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PLANTATION FL Country Applied For 4. FEI Number 65-0863026 PLANTATION FL. 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 FREDJKULP KULP, FRED J 9881 NW 18 DRIVE 1021 NW-97 AVE--PLANTATION FL 33322 PLANTATION FL-33322 ANTATION 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 KULF FRED J. Prod Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents given by the new printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE KULP FRED J. . TITLE KULP, FRED J NAME NAME 9881 NW 18 DRIVE STREET ADDRESS 1021 NW 97 AVE STREET ADDRESS PLANTATION, FL 33322 ITULP JOANF 9881 NW 18DRIUS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-78 Addition ☐ Delete TITI F TITLE KULP, JOAN F NAME STREET ADDRESS STREET ADDRESS 1021 NW 97-AVE-PLANTATION FL 33322 CITY-ST-ZIP PLANTATION FL-33322 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certily 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

4/24/00 954-452-9482

Daytime Phone #