2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State POCUMENT # P98000078884 SHORT TERM PROPERTIES, INC. 04-17-2001 90024 041 ***150.00 Principal Place of Business Mailing Address 9881 NW 18 DRIVE 9881 NW 18 DRIVE OOULTD FORT LAUDERDALE FL 33322 FORT LAUDERDALE FL 33322 2. Principal Place of Business 4301 SW 14301 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0863026 Not Applicable Country ()SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KULP KULP, FRED J Address (P.O. Box Number is 9881 NW 18 DRIVE FORT LAUDERDALE FL 33322 AULE 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (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 Delete TITLE TITLE NAME NAME KULP, FRED J JEFFREY R KULP 14301, SW165 STREET ADDRESS STREET ADDRESS 9881 NW 18 DRIVE CITY-ST-ZIP CITY-ST-ZIP PAULE FORT LAUDERDALE FL_33322 Delete TITLE SEC TITLE FRED J. KUL NAME NAME KULP, JOAN F STREET ADDRESS STREET ADDRESS 9881 NW 18 DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LÁUDERDALE FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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