2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # P98000079566 VALCOR REALTY PARTNERS, INC. 03-03-2000 90218 009 ***158.75 Mailing Address Principal Place of Business 11977 OLDFIELD POINT DRIVE OLDFIELD POINT DRIVE IACKSONVILLE FL 32223-3512 JACKSONVILLE FL 32903-2933 UU O LA WAY LA MA 3. Mailing Address 2. Principal Place of Business 2280 HARRIS AVO. NE 2280 HARRY AVR N.E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3532755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM L. -PITTENGER -FORD, JETER: & BOWLUS, P.A. Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. WILLIAM L. PITTENGER FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Einancing lax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTON / PORS IDENT Whange ☐ Delete TITLE TITLE WILLIAM L. PITTEN FRE PITTENGER, WILLIAM L NAME 11977 OLDFIELD POINT DRIVE STREET ADDRESS STREET ADDRESS 2280 ItAMUS AR NE SUNC 2 CITY-ST-ZIP JACKSONVILLE FL 32223-3512 CITY-ST-ZIP ☐ Delete TITLE 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-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 th all other like empowered all

SIGNATURE: