2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # P98000084115 1. Entity Name 05-02-2002 90014 049 ***150 00 SUMTER CROSSING PROPERTIES, INC. Brown to the State of the State Principal Place of Business Mailing Address 411 COMMERCIAL COURT 411 COMMERCIAL COURT SUITE E SUITE E VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3629811 Not Applicable - Country - - -- Zip ----\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BINGHAM, JAMES H Street Address (P.O. Box Number is Not Acceptable) 411 COMMERCIAL COURT SUITE E VENICE FL 34292 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE Change ___ Addition TITLE ☐ Delete NAME NAME BINGHAM, JAMES H STREET ADDRESS STREET ADDRESS 411 COMMERCIAL COURT, SUITE E CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 X Change ☐ Addition TITLE ☐ Delete TITLE DVST NAME NAME OAKLEY, THOMAS E STREET ADDRESS 101 ABC Road STREET ADDRESS 7335 GALL BLVD., #2 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 Lakê_Wales, FL_33853 Addition TITLE ☐ Change ☐ Delete NAME NAME MCCORMIC, DANIEL C STREET ADDRESS STREET ADDRESS 9288 COUNTY ROAD 121 CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or trusted suppowered as feec to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: .

changed, or on an attachment

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2002

(941)488-0270

Daytime Phone #

FILED