2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000091938 SAFETY HARBOR HOMES, INC. 04-25-2001 90167 028 ***158.75 Principal Place of Business Mailing Address 739 OVERIVER DRIVE P.O. BOX 2906 NORTH MYERS FL 33903 FORT MYERS FL 33902-2906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0876261 Not Applicable Zip Country Country \$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 Name KNOTT, GEORGE H ESQ. Street Address (P.O. Box Number is Not Acceptable) HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET SUITE 301 FORT MYERS FL 33901 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE !S \$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, 2001 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 OFFICERS AND DIRECTORS 11. 12 PTD TITLE TITLE Delete PENFIELD, MARK NAME NAMÉ 739 OVERIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MYERS FL 33903 CITY-ST-ZIP Delete TITI S Change Addition TITLE BENNER, DAVID NAME NAME 19000 ORLANDO ROAD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 TITLE Change Addition TITLE ☐ Delete HOLTON, GARY NAME NAME STREET ADDRESS 12788 BACCHUS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL 33981 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

CR2E034 (10/0

941-964-223,

FILED

Date

Daytime Phone #