2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P98000104104 BW-SARASOTA, INC. 05-11-2001 90071 033 ***150.00 FOR RENT AMERICA, INC HOME 5 Principal Place of Business Mailing Address -107 CORPORATION WAY STEC 107 CORPORATION WAY:STE:C VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 1225 Rosedale 3. Mailing Address P。の、BoX 1426 DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number ity & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETTERTON, GREG A Street Address (P.O. Box Number is Not Acceptable) 915 S. TAMBETH. NOKOWIS FL 34275 City JENICE 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE WATERS, THOMAS NAME NAME P.O. BOX 1426 107-OORPORATION WAY STE'C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE-FL 34292 D ☐ Delete TITLE Change Addition TITLE BATTAGLIA, KARI A NAME 107 CORPORATION WAY:STE.C STREET ADDRESS STREET ADDRESS 1225 Rosedale Rd. CITY-ST-ZIP CITY-ST-ZIP VENICE FL-34292 TITLE Change ☐ Addition Delete 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-7IF ☐ Change Addition TITLE ☐ Delete 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-S1-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 suppliemental 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.