2001 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # p98000105482 1. Entity Name 05-16-2001 90263 037 ***150.00 MCGUIRE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 1748 BOWMAN STREET CLERMONT, FL 34711 C0067885 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-3554208 Zin Country Zip Country \$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 Name MCGUIRE, LOIS B. Street Address (P.O. Box Number is Not Acceptable) 5812 LAKE CATHERINE RD. GROVELAND, FL 34736 City Zip Code FL 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) DATE 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, 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 11. OFFICERS AND DIRECTORS 12. ■ Addition **√ X**Change □ Delete TITLE PΠ PD NAME MCGUIRE, LOIS B. MCGUIRE, LOIS B. STREET ADDRESS STREET ADDRESS 12528 LAKESHORE DR. 5812 LAKE CATHERINE RD. CITY-ST-ZIP CITY-ST-ZIP <u>GROVELAND, FL 34736</u> CLERMONT, FL 34711 Addition ☐ Delete Change TITLE NAME NAME LOWE, JAMES CLINTON 5812 LAKE CATHERINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GROVELAND, FL 34736 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME LOWE, GREGORY L. STREET ADDRESS 1216 S, MAIN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GROVELAND, 34736' ☐ Change Addition ☐ Delete TITL F TITI F NAME NAME HART, JYMCYNTHIA STREET ADDRESS STREET ADDRESS 1748 BOWMAN ST. CITY-ST-ZIP CITY-ST-ZIP CLERMONT, FL 34711 ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE NAME MCGUIRE, WAYNE P. NAME STREET ADDRASS STREET ADDRESS 950 W. MONTROSE ST.

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 1

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TOUS OFFICER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

CLERMONT, FL 34711

Cynthia Hart

☐ Change

☐ Addition

CR2E034 (11/00)