2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000105566 DEARDEN REALTY AND FINANCIAL SERVICES, INC. 03-20-2000 90004 008 ***150.00 Mailing Address Principal Place of Business 7350 SOUTH TAMIAMI TRAIL. #76 7350 SOUTH TAMIAMI TRAIL, #76 SARASOTA FL 34231-7000 34443074 FL 34231 822283 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0882842 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEARDEN, DOUGLAS C Street Address (P.O. Box Number is Not Acceptable) 7350 SOUTH TAMIAMI TRAIL, #76 SARASOTA FL 34231 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE DEARDEN, DOUGLAS C NAME STREET ADDRESS 7350 S TAMIAMI TRAIL., #76 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR