2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000003743 1. Entity Name FINSBURY PROPERTIES, INC. 03-20-2000 90126 038 ***150.00 Mailing Address Principal Place of Business 5117 CASTELLO DRIVE #1 5117 CASTELLO DRIVE #1 NAPLES PL 34103 NAPLES FL 34133-0279 cipal Place of Business 1000 Spanish Wells Blook 3. Manng Address X 28000 S Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 200 4. FEI Number Applied For City & State poings, FL N198305 Not Applicable 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 AMBURN, JAMES W 5-1-17 CASTELLO DRIVE #1 NAPLES FL 34103 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITI F Delete TITLE Roeben Luce ROEBEN, LUCAS NAME NAME ells Rlwd - Ste 200 5117_CASTELLO DRIVE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE TITLE areben ROEBEN, HEIDY Jells Rlud-Ste 200 NAME NAME 5117 CASTELLO DRIVE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Delete TITLE 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 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 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 adjurate 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block changed, or on an attachm

SIGNATURE: