2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000012711 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name ALEXIS PROPERTIES, INC. 04-18-2000 90149 036 ***150.00 Principal Place of Business Mailing Address 522 SW 1ST AVENUE 522 SW 1ST AVENUE OCALA FL 34474 OCALA FL 34474-4201 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 9-3557461 Applied For City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent John C. Morales HICKS, DANIEL ESQ Street Address (P.O. Box Number is Not Acceptable) 421 SOUTH PINE AVENUE 820 SE 38 AVR OCALA FL 34474 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. MORAles SIGNATURE d 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria op back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** Delete PRES. ☐ Change TITLE JOHN C. MORALES 522 SW IST AVE. BARFIELD, TODD L NAME 522 SW 1ST AVENUE STREET ADDRESS STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE MORALES, JOHN C NAME NAME 522 SW 1ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 ☐ Delete TITLE Change Addition TITLE 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-ZIE Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS

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 distee 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 a bother like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (352)690-6200