2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014057

SIGNATURE

DEBARY RENTAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

10462 SOUTHWEST 114TH STREET

10462 SOUTHWEST 114TH STREET

| IAMI FL 33176 | | MIRMI FL 331/6-4030 | | | | | |
|---------------------------|---------|---------------------|---------|--|--|--|--|
| . Principal Place of Busi | ness | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90098 035 ***158.75



DO NOT WRITE IN THIS SPACE

| City & State City & St Zip Country Zip | | City & State | _ | 4. FEI Number | Applied For Not Applicable | | | |
|---|--|--------------|---|---|--------------------------------|--|--|--|
| | | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | · | 7. Name and Address of New Registered Agent | | | | | |
| TARVER, PAIGE C ESQ. 7900 SOUTHWEST RED ROAD | | | Street Add | Street Address (P.O. Box Number is Not Acqueptable) H 304 | | | | |
| SUITE 10 SOUTH MIAMI FL 33143 | | City | miani | FL Zip Code 3 Siu 3 | | | | |

(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 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| (See criteri | ia on back) | | make Check Payable | to Department | | | | |
|--|-------------|-----------|--------------------|---------------------------------------|----------------------------------|--|----------|------------|
| 11. | OFFICERS | S AND DIR | CTORS | 12. | AD | DITIONS/CHANGES TO OFFIC | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Schieb 10462 Miani | el, Yyette sw 114 st. , FL 33176 | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |

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.

SIGNATURE: