2000 UNIFORM BUSINESS REPORT (UBR)

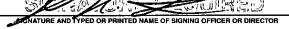
FILED DOCUMENT # **P99000021420** May 08, 2000 8:00 am Secretary of State FLORIDA ACCESS HOMES, INCORPORATED 05-08-2000 90080 032 ***150.00 Principal Place of Business Mailing Address 1035 CHALET SUSANNE ROAD 1035 CHALET SUSANNE ROAD LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNIGAN, JOSEPH W Street Address (P.O. Box Number is Not Acceptable) 1035 CHALET SUSANNE ROAD LAKE WALES FL 33853 Zin Code City 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) 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 on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change TITLE BRANNIGAN, JOSEPH W NAME NAME STREET ADDRESS 1035 CHALET SUSANNE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 Change ☐ Addition TITLE ☐ Delete TITLE BAXTER, H-R-NAME NAME 1035 CHALET SUSANNE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WALES FL 33853 ☐ Addition Change ☐ Delete TITLE HATMAKER, GARY NAME NAME 1035 CHALET SUSANNE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 TITLE DT ☐ Delete TITLE Change ☐ Addition FOX. TIM NAME 1035 CHALET SUSANNE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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 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

SIGNATURE:

CITY-ST-7IP



Date Daytime Phone #