2001 UNIFORM BUSINESS REPORT (UBR)

TERRENCE BRISSON, PRESIDENT

SIGNAL E AND TYPE OF PRINTED NAME OF SIGNING OFFICE

May 05, 2001 8:00 am Secretary of State DOCUMENT # P99000027113 FLORIDA TREND HOMES, INC. 05-05-2001 90318 038 ***150.00 Principal Place of Business Mailing Address 630 CARNATION CT. 630 CARNATION CT. WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0914270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --, --BRISSON, TERRENCE Street Address (P.O. Box Number is Not Acceptable) 630 CARNATION CT. **WELLINGTON FL 33414** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **D** / P Delete TITLE Change Addition BRISSON, TERRENCE NAME NAME STREET ADDRESS 630 CARNATION CT. STREET ADDRESS CITY-ST-7IP WELLINGTON FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with filling and that he information indicated on this report or supplemental report of supplemental report of the corporation or the received accurate and that he signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received accurate this report as required by chapter 607. Flores that the information indicated on this report of the corporation or the received accurate this report as required by chapter 607. Flores that the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated on this report of the corporation or the received accurate the information indicated in the infor and that my name appears in Block 11 or Block 12 if

PRIL 24, 2001