2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # **P99000028727** HARTLE REALTY CORP. 02-05-2001 90088 015 ***150.00 Principal Place of Business Mailing Address 2201 ROGERO ROAD 2201 ROGERO ROAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 711186 2. Principal Place of Business 3. Mailing Address, José Blud 12412 12412 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 402 # 402 City & State City & State 4. FEI Number Applied For 59-3572253 J ACKSOVUILLE JackSon*uille.* 274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required ---- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOE, WILLIAM G JR Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BLVD STE 6 ATLANTIC BEACH FL 32233 Zip Code FL 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HARTLE, MARK Q NAME NAME STREET ADDRESS 2201 ROGERO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ____ ☐ Addition TITLE 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 ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP 17. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2001

904-262-0088

Daytime Phone #