2000 UNIFORM BUSINESS REPORT (UBR) 5/4/ FILED DOCUMENT # P99000031438 Jun 08, 2000 8:00 am Secretary of State FAIRHAVEN HOMES, ZINC. Mailing Address Principal Place of Business 2250 Lee Road, Suite 120 Winter Park, FL 32789 JALLAHASSEE, FLUNIDA A0053648 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3567628 City & State Applied For City & State Not Applicable \$8.75 Additional Zip Country 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 Name George Gunter Street Address (P.O. Box Number is Not Acceptable) 2250 Lee Road, Suite 120 Winter Park, FL 32789 Zip 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 Fiorida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) PILE NOW IT PEE 18 \$150.00 9. This corporation is aligible to satisfy its intampible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Feas (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP cretary/Treasur. TIT ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-20P Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition Change IME ☐ Delete NAME STREET ADDRESS ביייי ביייי CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Detets TITLE NAME STREET ADDRESS alar rappagg CITY-ST-ZIP ST-ZIP 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. - NATURE: 🚅 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR