2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P99000036302 1. Entity Name LATITUDES HOME EXCHANGE INC. 04-17-2000 90016 049 ***150.00 Principal Place of Business Mailing Address P.O. BOX 622 4511 123RD ST. CT. WEST CORTEZ FL 34215-0622 CORTEZ FL 34215 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 1372 65 091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 204り NORTHFIELD, MICHAEL JOHN 108 PEPPERTREE LANE ANNA MARIA FL 34216-1411 tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE Signature, types or pri (NOTF: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition ☐ Delete TITLE NORTHFIELD, MICHAEL J しっとしょうかん NAME WICHAEL 2 NAME 4511 12300 ST CT W 108 PEPPERTREE LANE STREET ADDRESS STREET ADDRESS 34X15-0622 CITY-ST-ZIP CORTEZ FL CITY-ST-7IP ANNA MARIA FL 34216-1411 Change ☐ Addition TITLE Delete TITLE D NORTHENESS CAROLINE NORTHFIELD, CAROLINE NAME NAME 4511 123 M ST CT W **108 PEPPERTREE LANE** STREET ADDRESS STREET ADDRESS 24215-0622 ANNA MARIA FL 34216-1411 CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME

13. I hereby certify that the information supplied with this filling 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 of supplemental report is the 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 of trustee empoweled 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2F034 (9/99)