2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000037931** May 15, 2000 8:00 am Secretary of State PRIVATE INVESTMENT REALTY, INC. 05-15-2000 90202 004 ***150.00 Principal Place of Business Mailing Address 1437 US HIGHWAY 19 NORTH 1437 US HIGHWAY 19 NORTH HOLIDAY FL 34652-6257 HOLIDAY FL 34691 2. Principal Place of Business 3. Mailing Address 360b 19 N. 3606 U.S. 19 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$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 Schriver SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 tensisi) 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 (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 OFFICERS AND DIRECTORS 11. Change □ Delete TITLE TITLE Schriver SCHRIVER, REBECCA J NAME NAME 5016 Ensign Loop 1437 US HIGHWAY 19 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLIDAY FL 34691 Delete TITLE Michael W. Schrider DURHAM, JAMES W NAME Solv Ensign Loop New Port Richer STREET ADDRESS 1437 US HIGHWAY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 TITLE ☐ Addition TITLE ☐ Delete NAME 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 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Rebecca J. Schriver 4-2400