2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P99000038394 GREEN ACRES REALTY GROUP, INC. 01-26-2001 90049 025 ***150.00 Principal Place of Business Mailing Address 5550 15TH ST. E. 5550 15TH ST. E. BRADENTON FL 34203 **BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0927261 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7."Name and Address of New Registered Agent Name MATTHEWS, TERENCE Street Address (P.O. Box Number is Not Acceptable) 5190 26TH ST. WEST, SUITE D **BRADENTON FL 34207** 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition X Delete -TITLE TITLE HANEY, MICHAEL D NAME NAME 5550 15TH STREET E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE HANEY, WILLIAM W NAME NAME 5550 15TH STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON FL 34203 CITY-ST-ZIP CITY-ST-ZIP PST~= · · · · · TITLE ☐ Change ☐ Addition. TITLE ☐ Delete HANEY, DAYNA K NAME NAME STREET ADDRESS 5550 15TH STREET EAST STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34203 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayna K. Haney, Pres. 1/10/01941-752-4269