2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2000 8:00 am DOCUMENT # **P99000042041** 1. Entity Name Secretary of State ALL TYPES OF INVESTMENT PROPERTY REALTY, INC. 02-20-2000 90049 007 ***150.00 Principal Place of Business Mailing Address 3941 TAMIAMI TRAIL 3941 TAMIAMI TRAIL UNIT 3157, SUITE 115 UNIT 3157. SUITE 115 D0022394 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-7925 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. lamiam Applied For 4. FEI Number 65-6917556 Not Applicable 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 SOURS SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 AMLAMI 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 504RS 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Ø Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDST SOURS, WADE POST ☐ Addition TITLE Delete NAME SOURS, WADE P NAME TAMIAMI STREET ADDRESS STREET ADDRESS 3941 TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Change ■ Addition Defete TITLE TITLE ROTHGEB, JOYCE NAME NAME 3941 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950. CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/10/99 941-639-1843

Change

☐ Addition