2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P99000042990 1. Entity Name 05-07-2002 90234 015 ***150.00 PICERNE HUNTINGTON PARK ASSOCIATES, INC. Principal Place of Business Mailing Address 247 NORTH WESTMONTE DRIVE 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3578747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Costolo, W. Terry, Esq. COSTOLO, W. TERRY ESQ Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 301 E. Pine St., Ste. 1400 City Orlando 8. The above named early submits this statement for the nging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00 Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME PICERNE, ROBERT M NAME STREET ADDRESS 247 NORTH WESTMONTE DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WALKER, DWAYNE NAME STREET ADDRESS 247 N WESTMONTE DRIVE STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ERICH, JACK W NAME STREET ADDRESS 247 N WESTMONTE DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 true expression powered to execute this report a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a gardess, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR