2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045566 May 22, 2000 8:00 am Secretary of State STAFFORD-SCHUH SITE DEVELOPMENT SEFVICES, INC. 05-22-2000 90133 028 ***150.00 Principal Place of Business Mailing Address 482 MOHAVE TERR. 482 MOHAVE TERR. LADY LAKE FL 32746-7011 LADY LAKE FL 32746 102327 2. Principal Place of Business 3. Mailing Address 482 Mohre 482 Moh-Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59 - 35 City & State City & State Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Name SCHUH, MARK C Street Address (P.O. Box Number is Not Acceptable) 482 MOHAVE TERR. -LADY LAKE FL 32746. 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 (NOTE, Registered Agent signature required when reinstating) agent and title if applicable 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 12. 11. President ☐ Addition TITLE ☐ Delete TITLE Mark C. Schnh NAME NAME Turne STREET ADDRESS 482 Mohnu STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition. Delete TITLE Change 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 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 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

ME DE SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #