2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050648

DADE PLANTATION, INC.

1. Entity Name

FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90870 042 ***150.00

2. Principal Place of Businesse 12645 MORNING DRIVE 12645 MORNING										
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Signature DO NOT WRITE Name and Address of Current Registrated Agent Name and Address of Floorida Name and Address of Floo						5	9 - 3589615		<u> </u>	
The properties of the properti		Country			Country		Certificate of Status Desired	☐ \$8	3.75 e Rec	Additional guired
THOMAS P. MCALVANAH Street Address (R.D. Bax blue is Not Acceptable) The street Address (R.D. Bax blue is Not Acceptable) Street Address (R.D. Bax blue is Not Acceptable) City ZEPHYRHILS FL Zip Code 333541 8. The above named entity submits this statement for the purpose of changing its registered efflice or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, bread or primate name of registered agent and fills if applicable. Po This corporation is eligible to satisfy its intangible Tax Zing requirement and elects to do so. After May 1, Fee is \$550.00 After M				<u> </u>		7. Na	me and Address of Current F	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable) 5739 GALL BLVD City ZEPHYRILLS FL Zip Code 33541 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 accideable. POTE: Registered Agent signature required agent and title if accideable. POTE: Registered Agent signature required agent and registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if accideable. POTE: Registered Agent signature required agent and registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if accideable. POTE: Registered Agent signature required agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if accideable. POTE: Registered Agent signature required agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE Signature requirement agent agent and title accidents agent agent and title accidents agent agen										
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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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION TO

DEBBIE ROARK

352 523-1922