2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P99000061504 RO-LEN PROPERTIES ENTERPRISES, INC. 04-10-2000 90072 048 ***150.00 Principal Place of Business Mailing Address 3577 RAINTREE LANE 3577 RAINTREE LANE LAKELAND FL 33803-4962 LAKELAND FL 33803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3586232 Applied For City & State City & State Not Applicable Country Zip Country Zip \$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 KOBERT WOLF BEHRENFELD, CRAIG E ESQ. Street Address (P.O. Box Number is Not Acceptable) 601 BAYSHORE BLVD. SUITE 700 TAMPA FL 33606 Zin Code 了了タップ LAKELAND 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. ROBERT P. WOLF PRES. SIGNATURE (NOTE. Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE WOLF, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3577 RAINTREE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 Addition ☐ Change TITL F □ Delete TITLE SCHEINBERG, SUSAN NAME STREET ADDRESS 3577 RAINTREE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete ☐ Change ■ Addition TITLE TITLE ALTSHULER, LAURIE NAME NAME STREET ADDRESS 3577 RAINTRÉE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33803 ☐ Addition ☐ Delete TITLE Change TITLE WOLF, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3577 RAINTREE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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.

SIGNATURE:

ROSERT P. WOLF

4/4/00

863-646-552)

Daytime Phone #