2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000065413** 1. Entity Name MAR-VISTA PROPERTIES, INC. 05-02-2001 90141 025 ***150.00 Principal Place of Business Mailing Address 1885 SOUTHPOINTE DRIVE #1 1885 SOUTHPOINTE DRIVE #1 SARASOTA FL 34231 SARASOTA FL 34231 B0044530 2. Principal Place of Business 3. Mailing Address 4959 Southern Wood DR 4959 Southern Wood DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0939499 FL SARASO JANA SOTA Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 3424 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DUNHAM HARRISON, G. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST **BRADENTON FL 34205** Southern Wood 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. ERIC SIGNATURE DATE FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change Addition Picsident ☐ Delete TITLE TITLE DUNHAM, ERIC L NAME NAME STREET ADDRESS 1885 SOUTHPOINTE DRIVE #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 VICE PRESIDENT ☐ Addition Change ☐ Delete TITLE TITLE GENERSICH, PETER NAME NAME 1810 MEADOWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRES 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 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 a dotter of the repowered.

SIGNATURE:

Enic L. DUNHAM 4-25-01