2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 08:00 AM DOCUMENT # P9900072255 **Secretary of State** FLORIDA PROPERTY SOLUTIONS, INC. Principal Place of Business Mailing Address 27126 COUNTRY OAK DR 27126 COUNTRY OAK DR BROOKSVILLE BROOKSVILLE FL FL 34602 34602 2. Principal Place of Business 3. Mailing Address 27126 COUNTRY OAK DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BROOKSVILLE FL 59-3594152 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34602 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENTER 27126 COUNTRY OAK DR Street Address (P.O. Box Number is Not Acceptable) BROOKSVILLE 34602 Zip Code 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. 04/23/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CARPENTER GERALD NAME STREET ADDRESS 27126 COUNTRY OAK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE 34602 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.