2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000072537** REALTY-SUPPORT CORP. 04-27-2000 90094 011 ***150.00 Mailing Address Principal Place of Business C/O RUDNICK & WOLFE C/O RUDNICK & WOLFE 101 E. KENNEDY BLVD., STE. 2000 101 E, KENNEDY BLVD., STE. 2000 ハリロエロかんり TAMPA FL 33602 TAMPA FL 33602-5148 3. Mailing Address 2. Principal Place of Business 2170 SR 434 W 2170 SR 434 W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 330 330 Applied For City & State City & State 4. FEI Number Not Applicable LONGWOOD, FL LONGWOOD, 59-3607709 Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 32779 Fee Required US USA 32779 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) C/O RUDNICK & WOLFE 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602 Zip Code City 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) Signature, typed or printed name of registered 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. ☐ Change Addition D,P TITLE ☐ Delete TITLE ROBERT J. WHITE NAME NAME STREET ADDRESS 2170 SR 434 W STE 330 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 32779 ▼] Addition Change TITLE ☐ Delete TITLE D, VP, S, T DONALD J. HACHENBERGER NAME NAME STREET ADDRESS STREET ADDRESS 2170 SR 434 W STE 330 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 32779 Change ☐ · Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Delete TITLE Change __ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fing 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 of 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 indicated on this report or supplemental report is true of the corporation or the receiver of trustee empowers changed, or on an attachm ke empowered.

🖟 Donald J. Hachenberger

ED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

407-869-7664

Daytime Phone #