2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000079529** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA HOMES FOR RENTAL, INC. 04-12-2000 90186 043 ***150.00 Principal Place of Business Mailing Address 4145 WEST VINE STREET 4145 WEST VINE STREET KISSIMMEE FL 34741-4542 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3601184 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWRENCE RICHARD LAWRENCE, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 9708 AVALON WOODS DRIVE 2941 PEMBRIDGE STREET KISSIMMEE FL 34747 WINTER GARDEN 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. LICHARD LAWRENCE 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 11. OFFICERS AND DIRECTORS 12. TITLE - *** Draw garage ☐ Delete TITLE LAWRENCE RICHARD NAMĖ L'AWRENCE, RICHARD C NAMÉ 9708 AVALON WOODS DRING STREET ADDRESS STREET ADDRESS 2941 PEMBRIDGE STREET WINTER CARDEN, FL 34787 CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34747 Change ☐ Delete TITLE TITLE LAWRENCE, HAYRIYE NAME NAME 9708 AVALON WOODS DRIVE WINTER CANDON FL 34787 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 filling 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: MI Wes Richard C LA WRENCE 4/4/2000 407/931-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Priorie #