2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P99000084207 1. Entity Name CAMELLIA PROPERTIES, INC. 04-16-2001 90268 034 ***150.00 Mailing Address Principal Place of Business A SECRETARIA PO BOX 25 FOR A SECRETARIA **BRADENTON FL 34210** LONGBOAT KEY FL 34228 Leaft Borth (A) 2. Principal Place of Business 3. Mailing Address COOM Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0918399 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required - 7. Name and Address of New Registered Agent 2. 5. Name and Address of Current Registered Agent --Name BISHOP, GERALD Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD #218F SARASOTA FL 34237 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. DATE 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 10. Election Campaign Financing \$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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ▼ Change ☐ Addition TITLE ☐ Delete TITLE TALLEY, C DANIEL NAME NAME 130 GOTH St-N. STREET ADDRESS 4141-51 DRIVE WEST STREET ADDRESS CITY-ST-ZIP Bradenton, Fr 34209 CITY-ST-ZIP BRADENTON FL 34210 Change Addition ☐ Defete TITLE TITLE NAME NAME TALLEY, PATTI L 130 GOTH St. W. STREET ADDRESS STREET ADDRESS 4141 51 DRIVE WEST CITY-ST-ZIP CITY-ST-7/P Bradenton, Fr 34209 BRADENTON FL 34210 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE

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.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4-10-61

941-792-3216

☐ Change

☐ Addition

Daytime Phone #