2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 05, 2002 8:00 am P99000084207 DOCUMENT # Secretary of State 1. Entity Name 02-05-2002 90047 032 ***150 00 CAMELLIA PROPERTIES, INC. Principal Place of Business 3728 5th Ow.N.E 130-50TH STREET W Mailing Address P O BOX 25 LONGBOAT KEY FL 34228 BRADENTON FL 34209 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0918399 braden tar Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 City 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. **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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Talley, C Daniel 13728 5th ave N.E. STREET ADDRESS STREET ADDRESS 130-60TH STREET-N 3728 5 th aux. N.E. BRADENTON FL 34209 34208 CITY-ST-7IP CITY-ST-ZIP Bradenton Fr 34208 ☐ Addition D ☐ Delete TITLE NAME NAME TALLEY, PATTI L 3728 54 ave. N.E. STREET ADDRESS STREET ADDRESS 430 00TH STREET W 3728 5th Our N.E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 34208 Bradenton FL 34208 ☐ Addition ☐ Delete TITLE ☐ Change 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED