2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000086096** May 15, 2000 8:00 am 1. Entity Name Secretary of State FLORIDA REAL ESTATE RELIEF. INC. 05-15-2000 90236 039 ***150.00 Principal Place of Business Mailing Address 109 NORTH BRUSH STREET 109 NORTH BRUSH STREET SUITE 400 SUITE 400 TAMPA FL 33602-4159 TAMPA FL 33602 Principal Place of Business Mailing Address 200 - 201 PINECK 50178 DO NOT WRITE IN THIS SPACE Applied For ANDON Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANDSETTER, ALLISON ESQ. Street Address (P.O. Box Number is Not Acceptable) 109 NORTH BRUSH STREET SUITE 400 **TAMPA FL 33602** Zip Code FL 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 DATE (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DBRANDSTETTER PRESIDENT TITLE TITLE RICHARO A. BRANDSTETTER JR. BRANDSETTER, ALLISON ESQ. NAME LITER PINECRES 109 NORTH BRUSH STREET SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** BRANDON FL. 3351. TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP V. PRESIDENT TITLE TITLE ☐ Delete DAUE WIENSTIEN NAME NAME 116 LITHIA PINECKEST SUITE 200 BRANDON FL. 33511 Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 it place under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes and that my signature shall have the same legal effect as it places to the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes and the corporation or the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes and the corporation of the corporation of the corporation of the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes and the corporation of the c empowered to execute this report as of the corporation or the receiver or trustes

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR