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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P99000101471 BLUE RIDGE PROPERTY MANAGEMENT CORP. 04-05-2001 90089 046 ***150.00 Principal Place of Business Mailing Address 333 17TH ST., STE. V 333 17TH ST., STE, V VERO BEACH FL 32960 VERO BEACH FL 32960 00031455 2. Principal Place of Business 333 17th Street Mailing Address 333 17th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite U Suite U 4. FEI Number XARRIMEDXBOR City & State City & State Applied For Vero Beach, FL Vero Beach, 59-365749 Not Applicable 3296<u>0</u> Country \$8.75 Additional 5. Certificate of Status Desired ÚSA 32960 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCHUGH, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable) 333 17TH ST., STE. U VERO BEACH FL 32960 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete [X] Change Addition CR2E034 (10/00 TITLE TITLE GOLDEN, RICHARD W. 333 17th Street, Suite U NAME GOLDEN, RICHARD W NAME STREET ADDRESS STREET ADDRESS 333 17TH ST., STE. V Vero Beach, Florida 32960 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an adaching it with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR