2001 UNIFORM BUSINESS REPORT (UBR)

21 Mar 01, 2001 8:00 am DOCUMENT # P99000104805 **Secretary of State** 1. Entity Name 02-05-2001 90012 048 ***150.00 REAL ESTATE & MORE, INC. Principal Place of Business Mailing Address 2911 CIRCLE RIDGE DRIVE 2911 CIRCLE RIDGE DRIVE **ORANGE PARK FL 32065 ORANGE PARK FL 32065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614905 Not Applicable Country \$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 BRYANT Georgie, A. BRYANT, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 2911 CIRCLE RIDGE DRIVE **ORANGE PARK FL 32065** 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition Delete TITLE TITLE NAME Georgie A. BRYANT NAME STREET ADDRESS STREET ADDRESS 2911 directe Ridge DR CITY-ST-ZIP CITY-ST-ZIP 2065 TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZiP ☐ Change ☐ Addition ΠĦΕ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detate TITLE NAME STREET ADDRESS STREET ADORESS C/TY-ST-7/P CITY~ST-7IP ☐ Addition Delete TITLE ☐ Chance TIME NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

IAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

904-272-7400