2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000108951 May 22, 2000 8:00 am Secretary of State 1. Entity Name 🫶 EZ PROPERTIES, INC. 04-06-2000 90041 005 ***150.00 Principal Place of Business Mailing Address 1192 SALT MARSH CIRCLE 1192 SALT MARSH CIRCLE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip \$8.75 Additional Country Country 5... Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATSHAW, JOHN H JR. Street Address (P.O. Box Number is Not Acceptable) 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 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 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ti. CR2E034 (9/99) ☐ Delete TITLE TITLE ZUCKERMAN, DAVID NAME NAME 1713 SOUTH 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 🔀 Change Addition ☐ Delete TITLE TITLE ELIKAN, LEONARO ELIKEN, LEONARD NAME NAME STREET ADDRESS 1192 SALT MARSH CIRCLE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Change Addition Delete TITLE 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-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CUTY-ST-71P CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 addirect.

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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