CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # S04504 **Secretary of State** 1. Entity Name 01-31-2002 90065 043 ***150.00 HILLS OF OCALA PROPERTIES, INC. Principal Place of Business Mailing Address 265 W 33 ST P. O. BOX 403046 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 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 65-0221806 Not Applicable Zip Country 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 LEXA, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 265 W 33RD STREET SUITE 206 MIAMI BEACH FL 33140 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) 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, 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. ☐ Addition TITLE TITLE ☐ Change Delete LEXA, JOSEPH J. NAME NAME STREET ADDRESS 265 W 33RD ST STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME LEXA, JOSEPH J. STREET ADDRESS STREET ADDRESS 265 W. 33RD ST CITY-ST-7iF MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME BARNEY, RANDY L. STREET ADDRESS 265 W. 33RD ST STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP MIAMI BEACH FL 33140 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered