2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MELLE AND TYPED OR PRINTED NAME OF SIGN

May 10, 2001 8:00 am Secretary of State DOCUMENT # S05516 P B & G REALTY, INC. 05-10-2001 90036 012 ***150.00 Mailing Address Principal Place of Business 13180 NORTH CLEVELAND AVENUE 13180 NORTH CLEVELAND AVENUE SHITE 111 SUITE 111 NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0220205 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GYARMATHY, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 13180 N. CLEVELAND AVENUE SUITE 111 NORTH FT. MYERS FL 33903 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) DPS ☐ Addition ☐ Change Delete TITLE TITLE GYARMATHY, JAMES P. NAME NAME 13180 N.CLEVELAND AV#111 STREET ADDRESS STREET ADDRESS N.FT.MYERS FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete GYARMATHY, JAMES P. NAME 13180 N CLEVELAND AV 111 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH FT. MYERS FL 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 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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 required 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. James P. Gyarmathy APR

President

Date

NG OFFICER OR DIRECTOR

Daytime Phone #