2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # S19779** DRB PROPERTIES, INC. 01-25-2000 90037 017 ***150.00 Principal Place of Business Mailing Address P.O. BOX 537 2680 KIRBY AVE. STUART FL 34995-0537 PALM BAY FL 32905 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0245819 Not .÷; ·: .iii. 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 Name BURNHAM, DOUGLAS R. Street Address (P.O. Box Number is Not Acceptable) 9950 S. OCEAN DR JENSEN BEACH FL 8600 S. OCEAN Drive City Jensen Beach 1 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) 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 11. OFFICERS AND DIRECTORS 12. M Change ☐ Delete TITLE BURNHAM, DOUGLAS R NAME NAME 8600 Siocean Drive & 1101 STREET ADDRESS 9950 S. OCEAN DRIVE STREET ADDRESS Jensey BEACH E1 34957 CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL _____ □ Change Delete TITLE BURNHAM, SANDRA J. NAME STREET ADDRESS STREET ADDRESS 9950 S. OCEAN DRIVE CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL TITLE Change Ch ☐ Delete TITLE BURNHAM, DOUGLAS R. NAME NAME 8600 & Ocean Dates 4/101 STREET ADDRESS 9950 S. OCEAN DRIVE STREET ADDRESS JENSEN BEACH FLI 34959 CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL ☐ 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 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR