2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$93030 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** REALTY CENTER INC. 03-14-2000 90036 020 ***158.75 Principal Place of Business Mailing Address 116 BUTTONWOOD CIRCLE 3621 PARK STREET N ST PETERSBURG FL 33710 SEMINOLE FL 33777-3951 US [[[[]]]]]] 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3092204 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEHL, RICHARD SR. Street Address (P.O. Box Number is Not Acceptable) 116 BUTTONWOOD CIRCLE SEMINOLE FL 33777 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HEHL, BETTY J NAME NAME STREET ADDRESS STREET ADDRESS 116 BUTTONWOOD CIRCLE CITY-ST-ZIP CITY-ST-7IP SEMINOLE FL 33777 ☐ Addition Change TITLE ☐ Delete TITLE HEHL, RICHARD L NAME NAME 116 BUTTONWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 Addition TITLE ☐ Delete TITLE ☐ Change HEHL, RICHARD L. SR. NAME 116 BUTTONWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP