2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

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| Real E | state Se | ervices of E | Palm Coast | , Inc. | 42 | | | K | 06-09-200 | _ | | |
| Principal Plac | ce of Business | | Mailing Ad | ddress | | | | | | | | |
| 7 Old 1 Suite | | oad N., emil | na NP.O. 1 | Box 3517 | 52 | | | | | | | |
| | | 32137 | | Coast, F | L 32135 | 5 | | | 000 | 6346 | U | |
| 2. Principal F | Place of Busine | ess | 3. Mailing | Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, A | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | te | | City & Si | tate | | | | El Number 59–313 1 | 814 | | | pplied For ot Applicable |
| Zip | | Country | Zip | | Country | | | | Status Desired | | Fee Requir | Iditional |
| | 6. Name | and Address of Curi | ent Registered A | gent | | lame | 7. N | lame and Ad | Idress of New | Registered | l Agent | |
| Darlene 8 Wedge | e L. Rol e Lane | lins | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Palm Co | oast, FI | 32164 | | | | | | 1 | | | | |
| • | | | | | | City | | ì | | F | Zip Cod | de |
| | named entity | cubmite this stateme | | | | · · · | | ent or both i | o the State of E | lorida | | |
| 8. The above | Thathea Chary | SUDITING THIS STATETHE | nt for the purpose | of changing its | registered o | mice or re | egistered age | ant, or potri, i | it the state of t | iona. | | |
| SIGNATURE 9. This corporate factoring to | Signature, typed o oration is eligit requirement ar | or printed name of registered a pole to satisfy its Intangal and elects to do so. | gent and title if applicable | e. (NOTE | E Registered Age | ent signature \$150.00 be \$550 | required when re- | nstating) | on Campaign F | DATE | | 00 May Be |
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| 9. This corporate filling in (See crite) 11. TITLE NAME STREET ADDRESS | Signature, typed o oration is eligit requirement ar | or printed name of registered a ble to satisfy its Intanç and elects to do so. | gent and title if applicable | e. (NOTE FILE NOW! tter MAY 1, 20 Check Payab | E Registered Age III FEE IS 00 Fee will ide to Depa | \$150.00 the \$550 riment o | 0,00 of State ADI ROLLINS 7 Old K | 10. Election Trust F DITIONS/CH | on Campaign F Fund Contributi IANGES TO OF Pene L. Dad N., S | DATE inancing on. | Adde | d to Fees |
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