2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am DOCUMENT # V22438 **Secretary of State** TUCKER PROPERTY LEASING, INC. 03-09-2001 90014 042 ***150.00 Principal Place of Business Mailing Address 3535 U.S. HIGHWAY 17 NORTH 3535 U.S. HIGHWAY 17 NORTH WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt: #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3112905 Not Applicable Zip Country Zip 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 TUCKER, LARRY D. Street-Address (P.O. Box Number is Not Acceptable) 3535 U.S. HWY 17, N. WINTER HAVEN FL 33881 City Zip Code FL 8. The above named entity submits this statem lit for "a primose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. 12. TITLE TITLE Change ☐ Addition ☐ Delete TUCKER, LARRY D. NAME NAME STREET ADDRESS 2516 PARTRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL STD Delete Change TITLE TITLE ☐ Addition REEVES, SHERDELL C. NAME NAME STREET ADDRESS STREET ADDRESS 111 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL Change ☐ Addition TITLE Delete TITLE DOUTHIT, JESSE F. NAME NAME STREET ADORESS STREET ADDRESS 2024 OVERLOOK DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL TITLE ☐ Change Addition TITLE ☐ Delete TUCKER, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 4310 SHADOW WOOD TR. SW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL TITLE ☐ Addition TITLE ☐ Delete ☐ Channe NAME TUCKER, LARRY D., JR. NAME STREET ADDRESS 3547 HARBOR LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL TITLE ☐ Delete TITLE Change ☐ Addition NAME RICE, JOHN WEBSTER STREET ADDRESS STREET ADDRESS 2950 PLANTATION ROAD 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 foquired 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.

Daytime Phone #

SIGNATURE:

WINTER HAVEN FL

changed, or on an attachment with an address, with

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRO OF SIGNING OFFICER OR DIRECTOR