2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 231022** 1. Entity Name BRANDON DEVELOPERS, INC. 04-10-2001 90139 005 ***150.00 Mailing Address Principal Place of Business 4417 KEYSVILLE ROAD PO BOX 936 DURANT FL 33530 UUU33746 DURANT FL 33530 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1002081 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent _6. Name and Address of Current Registered Agent Name KASTEN, A. CHRISTOPHER ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. SUITE #1420 **TAMPA FL 33602** Zip Code City 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 DATE 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 After MAY 1, 2001 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 TITLE Delete TITLE NAME NAME PERDUE, CLARRISA E STREET ADDRESS STREET ADDRESS 1001 CARPENTERS WAY APT. D CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition TITLE ☐ Delete TITLE Perdue. HK. NAME PERDUE, H K NAME 1415 Keysville Rd. STREET ADDRESS STREET ADDRESS 4415 KEYSVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP **DURANT FL** Change - Addition Delete TITLE: TITLE ΡĐ NAME PERDUE, K S NAME STREET ADDRESS STREET ADDRESS 1001 CARPENTERS WAY, APT D-105 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition ☐ Delete TITLE ST TITLE NAME CLARK, DESIREE D. NAMÉ STREET ADDRESS STREET ADDRESS 1710 STAYSAIL DR. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Change ☐ Addition Delete TITLE TITLE NAME NAME POJMANN, DONNA J. STREET ADDRESS STREET ADDRESS 1043 SUNSHINE WAY CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PERDUE, DOUGLAS H. NAME NAME STREET ADDRESS STREET ADDRESS 8735 PITT RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567

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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

#3100 Harman & Peaslee, P.A. Affach ment

Charles C. Harman, C.P.A.

R. Read Peaslee, C.P.A.

FILING INSTRUCTIONS

To Brandon De veloper, Inc.

Date 2 16 01

Please find enclosed the Corporation Annual Report for 2001.

SIGNATURE: Please see that the return is signed and dated where indicated by an Officer of the corporation.

DATE RETURN IS DUE: MAY 1, 2001

AMOUNT DUE: \$150.00

Your check should be made payable to: DEPARTMENT OF STATE

Envelope is attached.