2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77165

1. Entity Name
CADD DEVELOPMENT CORPORATION

FILED
02 OCT -7 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM S. WILKINS 1801 WEST COLONIAL DR ORLANDO FL 32806 US	C/O WILLIAM S WILKINS 1801 WEST COLONIAL DR ORLANDO FL 32804 US

2. Principal Place of Business	3. Mailing Address
c/o Thomas James Wilkins	c/o Thomas James Wilkins
Suite, Apt. #, etc.: same as above	Suite, Apt. #, etc.: Same as above
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2936957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKINS, WILLIAM S 1801 WEST COLONIAL DR ORLANDO FL 32804	Name: Thomas James Wilkins Street Address (P.O. Box Number is Not Acceptable): 1801 West Colonial Drive City: ORLANDO FL Zip Code: 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thomas James Wilkins — Thomas James Wilkins — Sept. 5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MALKIN, GREGORY 1801 W. COLONIAL DR. ORLANDO FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300008402195 10/16/02--01049--026 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BALDESARRA, FRANK 1801 W. COLONIAL DR. ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1170 OLD DERRY RD. WEST MISSISSAUGA ON L5 W 1A1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDESARRA, FRANK 1170 OLD DERRY RD WEST MISSISSAUGA ON LA-W1A1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition L5W 1A1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEMKIN, DENNIS 4110 MOLLY AVE MISSISSAUGA ON LA-Z1EZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SEMKIW, DENNIS L4Z 1E2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALKIN, GREG 4146 AILES RD MORLAND HILLS OH 44022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, PRESIDENT THOMAS J. WILKINS 1801 WEST COLONIAL DRIVE ORLANDO, FL 32804 ☐ Change ☒ Addition

CR2E034 (4/02)

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: Thomas J. Wilkins — THOMAS J. WILKINS — Sept. 5/02 — 407-648-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #