2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000087913 1. Entity Name PIER A DEVELOPMENT CORP. 05-04-2001 90046 025 ***150.00 Principal Place of Business Mailing Address 245 FRONT ST 1000 MARKET ST KEY WEST FL 33040 BLDG 1 PORTSMOUTH NH 03801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0478838 Not Applicable Zip Country 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 CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITI F ☐ Delete WALSH, MARK NAME NAME STREET ADDRESS 1100 LINTON BLVD STE C9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE Delete TITLE ☐ Change Addition WALSH, MICHAEL NAME NAME STREET ADDRESS 1100 LINTON BLVD STE C9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Addition Delete TITLE ☐ Change TITLE WALSH, WILLIAM NAME NAME STREET ADDRESS 1000 MARKET ST BLDG 1 STREET ADDRESS CITY-ST-ZIP PORTSMOUTH NH 03801 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MCMURRAIN, THOMAS T NAME NAME 1100 LINTON BLVD STE C9 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 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 eath; 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CRITCHFIELD, RICHARD H

1100 LINTON BLVD STE C4

DELRAY BEACH FL

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

ock 620134 4/30/01

☐ Change

Change

☐ Addition

☐ Addition