2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

DEVELOPERS REALTY AND INVESTMENT PROPERTIES



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90163 005 ***150.00

		OTMENT PROPERTIE	S, INC			
Principal Place of Business 1435 E. PIEDMONT DRIVE SUITE 202 TALLAHASSEE FL 32308 US		Mailing Address 1435 E. PIEDMONT DRIVE SUITE 202 TALLAHASSEE FL 32308 US				
2. Principal Place of Business		3. Mailing Address			(
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKII	NG CHANGES	
City & State		City & State		4. FEI Number 59-1706102	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent		7 Name and Address of No. D. Lin	Fee Required	
			Name,	7. Name and Address of New Registered	Agent	
MARTIN,	MARTIN, HENREE D					
1435 E. PIEDMONT DRIVE SUITE 202			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
					-	
TALLAHASSEE FL 32-308?			City	· LI LID Code I		
8. The above	e named entity submits this statement	for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I an		
trie obliga	ttions of registered agent.			and agont, or both, in the State of Florida. Tan	ramiliar with, and accept	
SIGNATURE			•			
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO)	E: Registered Agent signature requ	ired when reinstating) DATE		
, F	ILE NOW!!! FEE IS \$150.00			DAILE		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department (of State		9. Election Campaign Financing Trust Fund Contribution. []	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	-	11.			
TITLE	P	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	Martin, Henree D		NAME		☐ Change ☐ Addition │ 8	
STREET ADDRESS	1435 E. PIEDMONT DRIVE, #20	2	STREET ADDRESS		5	
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME PERSON ADDRESS			NAME		Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
		<u>-</u>	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	~	* - * ***	NAME			
CITY-ST-ZIP			STREET ADDRESS	The second secon	_	
TITLE			CITY-ST-ZIP			
NAME		· Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete				
NAME		∟ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CITY-ST-ZIP 12. 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 changed, or on an attachment with all adaptess, with all other like empowered.

STREET ADDRESS

TITLE

NAME

SIGNATURE: X

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

<u> 850.385 USS</u>

☐ Change

Addition