FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2001 8:00 am DOCUMENT # F0000003754 **Secretary of State** 1. Entity Name CBD DEVELOPMENT OF FLORIDA, INC. 03-12-2001 90483 007 ***150.00 Principal Place of Business Mailing Address 100 E. Anderson Lane. Ste 200 100 E. ANDERSON LANE. STE 200 AUSTIN TX 78752 AUSTIN TX 78752 C0033094 2. Principal Place of Business 3. Mailing Address 3099 DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 74-2916878 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required BROW ARL Nowan 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSELL, CHARLOTTE 3304 N.E. 37TH STREET FT LAUDERDALE FL 33308 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 (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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☑ Delete TITLE TITI F ☐ Change ☐ Addition CERNY, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 3216 HARVEST MOON CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Delete ☐ Addition TITLE Change TITLE DURHMAN, STEVE NAME NAME STREET ADDRESS 100 E. ANDERSON LANE, STE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP AUSTIN TX Delete ☐ Addition TITLE TITLE Change BASSETT, RANDAL NAME NAME 100 E. ANDERSON LANE, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP --AUSTIN TX **D**elete ☐ Addition ☐ Change TITLE TITLE RUSSELL, CHARLOTTE NAME NAME STREET ADDRESS 3304 N.E. 37TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ISRAEL - PD ☐ Change Addition Delete TITLE FLLDAD TITLE NAME NAME STREET ADDRESS STREET ADDRESS Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.