FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # F25582 1. Entity Name 01-14-2002 90064 019 ***150 00 DENNEY DEVELOPMENT, INC. Principal Place of Business Mailing Address **695 JACKSON COURT** 695 JACKSON COURT SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2089398 Not Applicable Żip 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 DENNEY, FLOYD C. Street Address (P.O. Box Number is Not Acceptable) 695 JACKSON COURT SATELLITE BEACH FL 32935 City Zip Code 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, 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, 2002-Fee will be \$550.00= Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME **ELLIOTT. JILL DENNEY** NAME STREET ADDRESS 542 LEE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE Delete TITLE Change Addition NAME DENNEY, FRANCES J NAME STREET ADDRESS 695 JACKSON CT STREET ADDRESS CITY-ST-7IP SATELLITE BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DENNEY, FLOYD C STREET ADDRESS 695 JACKSON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change Addition NAME RODRIGUEZ, DANIEL R NAME STREET ADDRESS 1683 SALADINE STREET S.E. STREET ADDRESS CITY-ST-7IP PALM BAY FL 32909 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPLECTOR

01/05/02

(321) 777-0122 Daytime Phone #