2002 UNIFORM BUSINESS REPORT (UBR) FILED Sep 16, 2002 8:00 am Secretary of State DOCUMENT # G03935 1. Entity Name FLORIDA DEVELOPMENT FUND. INC. 09-16-2002 90105 034 ***550.00 Principal Place of Business Mailing Address 2729 S US HWY 1 SUITE 10 P.O. BOX 12124 FT PIERCE FL 34982 FORT PIERCE FL 34979 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 59-2223191 Not Applicable Zip Country Zip 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 COBURN. TERRY ---Street Address (P.O. Box Number is Not Acceptable) 2729 SO US HWY 1 SUITE 10 FT PIERCE FL 34982 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. I am familiar with, and accept the obligations of registered agent. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 STD TITLE ☐ Delete TITLE Change Addition COBURN, TERRY NAME NAME STREET ADDRESS 2729 S US HWY 1 STE 10 STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change Addition NAME METT, R M NAME STREET ADDRESS 2729 S US HIGHWAY ONE, 310 STREET ADDRESS CITY-ST-ZIF FT PIERCE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET - ODRESS 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 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 ctranged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. MICHAEL METT

SEPTEMBER 11, 2002 (772)

2 (772) 4463