04-30-2003 90468 001 *****8.75

Apr 30, 2003 8:00 am Secretary of State

FLORIDA	DEVELOPMENT	FUND, INC.					04-30-2003 904	168 002 ***1	50.00	
	e of Business WY 1 SUITE 10 . 34962	P.O.	ng Address BOX 12124 PIERCE FL 34979							
P.O. Bo	Place of Business x 12124		iling Address				1 HOGANA OCH OGNOG ANNO AGANE ANOL	0(11 0(0) 010 615	4 1 6 1 4 5 10 1	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			}	CHECK HERE IF MAKING CHANGES			
	erce, Florida	City	City & State			4. F	59-2223191		Applied For Not Applicable	
34979	Country USA	Zip		Country	<i>,</i>		Certificate of Status Desired	Fee R	5 Additional equired	
	6. Name and Addres	ss of Current Register	ed Agent			7. N	lame and Address of New Rec	gistered Agent		
				1	Name V	lett, R.	М.		check)	
COBURN,					Street Address (P.O. Box Number is Not Acceptable)					
	us hwy 1 suite 10			<u> </u>	4166	Gator	<u> Trace Villas Ci</u>	rcle, Un	it A	
FT PIERCE	E FL 34982			1						
					City	t Piero	xe	FL 3	p Code 4982	
		s statement for the purp	oose of changing its re	egistered	office or r	registered ago	ent, or both, in the State of Florid	da. I am familia	r with, and accept	
ifte onigat	tions of registered agent.		1/1	1			20			
SIGNATURE .		R.M. Mett		<u>u</u>				April 2	003	
SIGNATURE .	Signature, typed or printed name			Registered A	gent signature	e required when re		DATE DATE	003	
F After	Signature, typed or printed name ILE NOW!!! FEE IS r May 1, 2003 Fee will k Payable to Florida De	of registered agent and title if app \$150.00 be \$550.00		Registered A	gent signature	e required when re		DATE	\$5.00 May Be Added to Fees	
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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 of the corporation or the receiver or trustee empowered to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G03935

DOCUMENT #

28 April 2003 Date

(772) 465-9463

□ Change

Addition

· Daytime Phone #