2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G41531 1. Entity Name							FILED Feb 21, 2002 8:00 am Secretary of State				
,		EVELOPMENT CORF	PORATION				02-21-2002 90	•			À
Principal Place of Business 8182 NAVARRE PARKWAY PO BOX 5520 NAVARRE FL 32566 US			Mailing Address 8182 NAVARRE PARKWAY PO BOX 5520 NAVARRE FL 32566 US								
2. Principal	Place of Busin	ness	3. Mailing Address				I (BBASIA BBIS BIBBI AIRB) ESIBR I(IB)	(101 81011 8101	OLDAY BILLEY	01011 01011 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 59-2298703		<u> </u>	oplied For	
Zip Country		Country	Zip (Country		5. Certificate of Status Desired		3.75 Add	ditional	1
	6. Name	and Address of Current Re	egistered Agent				7. Name and Address of New Reg		:		_
LARKER,					Name Street Add	dress (P.0	D. Box Number is Not Acceptable)	-]
8182 MAVARRE PKWY											
NAVAHHE	FL 32566				City	- ·]	- Zip Cod		-
			·		·			FL	- zip cou		1
	e named entity	submits this statement for the	ne purpose of changing its	registere	ed office or re	egistered	agent, or both, in the State of Florid	a.			
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTi	É: Registere	d Agent signature	required wh	en reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	•	OFFICERS AND DI	l	12.		JI State	ADDITIONS/CHANGES TO OFFICE	DE AND DI	DECTOR	C INI 11	_
TITLE	PDV	·	☐ Delete	TITLE			ADDITIONO) OFFANGES TO OFFICE		Change	Addition	ਵਿ
NAME STREET ADDRESS CITY-ST-ZIP	LARKER, J 8182 NAV/ NAVARRE	ARRE PARKWAY			ET ADDRESS ST-ZIP						CR2E034 (9/01)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
13. I hereby of indicated of the correctanged,	certify that the on this report poration or the or on an attac	information supplied with this or supplemental report is true receiver or trustee empowe thment with a address, with	s filing does not qualify for e and accurate and that m red to execute this report a all other like empowered	the even	ntion stated	in Section the same or 607, Fi	n 119.07(3)(i), Florida Statutes. I fur e legal effect as if made under oath orida Statutes; and that my name ap	ther certify t that I am a pears in Blo	hat the inf in officer o	formation or director Block 12 if	