## **2003 FOR PROFIT CORPORATION**

## May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** G52596 DOCUMENT # 05-02-2003 90196 030 \*\*\*150.00 DEVELOPMENT & COMMERCIAL PROPERTIES, INC. Principal Place of Business Mailing Address 1640 PERIWINKLE WAY, STE. 5 1640 PERIWINKLE WAY, STE. 5 PO BOX 134 PO BOX 134 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-2309041 Not Applicable Zip Zip 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 ----BRODEUR, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 1640 PERIWINKLE WAY SUITE 5 SANIBEL ISLAND FL 33957 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ي ☐ Delete TITLE ☐ Addition NAME ( BRODEUR, JUDY K. NAME 987 SAND CASTLE ROAD STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP SANIBEL ISLAND FL CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME BRODEUR, RICHARD J. NAME STREET ADDRESS 987 SAND CASTLE ROAD STREET ADDRESS CITY-ST-ZIP SANIBEL ISLAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if UDY K. BRODEUR

CITY-ST-7IP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

FILED