2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # H45641** WILDER DEVELOPMENT CORPORATION 04-12-2000 90031 009 ***150.00 Mailing Address Principal Place of Business C/O 3000 GULF TO BAY BLVD., 6TH FLOOR C/O 3000 GULF TO BAY BLVD.. 6TH FLOOR **CLEARWATER FL 33759** CLEARWATER FL 33759 004194 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3036818 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILDER, MAURICE F. Street Address (P.O. Box Number is Not Acceptable) 3000 GULF TO BAY BLVD 6 FL **CLEARWATER FL 33759** Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change TITLE TITLE WILDER, MAURICE F. NAME NAME STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL. ☐ Change ☐ Addition TITLE ☐ Delete NAME WILDER, COLBY M STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete ☐ Change Addition Addition TITLE TITLE VICE PRESIDENT MORGAN, GREGORY J NAME NAME 3000 GULF TO BAY BLVD 6TH FL CLEARWATER, FL 33759 STREET ADDRESS 3000 GULF TO BAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE all the street of the NAME NAME KIMBO WIFE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

OU MARY CAROTENUTO

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: