2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 27, 2000 8:00 am Secretary of State **DOCUMENT # H46899** 1. Entity Name DOVE MEADOWS DEVELOPMENT, INC. 03-27-2000 90114 006 ***150.00 Principal Place of Business Mailing Address 1075 MASON AVENUE 1075 MASON AVENUE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117-4611 00046495 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 59-2572779 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILLESPY, THURMAN, JR., M.D. Street Address (P.O. Box Number is Not Acceptable) 1075 MASON AVE. DAYTONA BEACH FL 32117 City Zip Code 8. The above named entity submits this atatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. registered agent musice applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. CR2E034 (9/99) Addition ☐ Delete TITLE GILLESPY, THURMAN JR. STREET ADDRESS 1075 MASON AVENUE DAYTONA BEACH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 supplier ental 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #