2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H59588 1. Entity Name

DEVELOPERS CHOICE, INC.

Principal Place of Business 8150 PRESIDENTS DR. ORLANDO FL 32809

Mailing Address

8150 PRESIDENTS DR. ORLANDO FL 32809

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90104 016 ***150.00

COUTFOOD

Zip Country Zip Country Sip Country Sip Country S. Certificate of Status Desired	US			US							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	_						1 (60) 6() 6(61 A) (6 14) 6(6(14) (6(14)) () () () ()	
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Require	2. Principal Place of Business			3. Mailing Address						61511 681	
Zip Country Zip Country 5. Certificate of Status Desired D	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPA	CE		
Signature Sign	City & State	te	<u>,</u>	City & State		4.	FEI Number 59-2549130			plied For t Applicable	
EATON, STEPHEN A 8150 PRESIDENTS DR ORLANDO FL 32809 City FL Zip Code City FL Zip Code City FL Ci	Zip		Country	Zip	Country	5.	Certificate of Status Desired	□ \$8	.75 Add	litional	
EATON, STEPHEN A. 8150 PRESIDENTS DR ORLANDO FL 32809 City FL Zip Code 6. 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 Signature, lyptic or printed name of registered agent and site if applicable. (NOTE Registered Agent is ignature required when renotating) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITEET ADDRESS CITY-ST-ZIP TITLE STD Delete STD Change AMALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET A	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
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 Signature, typed or printed name of registered agent and life if applicable. NOTE Registered Agent signature required when renotating) Part stiling requirement and elects to do so. (See criteria on back) Tax stiling requirement and elects to do so. (See criteria on back) Title PD Carry PD Change Title Title STD CARRESDATEN STREET ADDRESS CITY-ST-2IP TITLE STD CARRESDATE STREET ADDRESS CITY-ST-2IP TITLE STD CARRESDATE TAYB LEE JANZEN DRIVE KISSIMMEE FL 34744 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST		2 · · · · · · · · · · · · · · · · · · ·			Name	Name					
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, typed or printed name of registered agent and late if applicable. NOTE. Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME EATON, STEPHEN A. 1749 LEE JANZEN DRIVE KISSIMMEE FL 34744 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP T	8150 PRESIDENTS DR					Street Address (P.O. Box Number is Not Acceptable)					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 1 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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP					Addition	

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.855.9108