2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 59588

1. Entity Name
DEVELOPERS CHOICE, INC.

FILED
01 DEC 10 PM 12: 12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
8150 PRESIDENTS DR. ORLANDO FL 32809 US	8150 PRESIDENTS DR. ORLANDO FL 32809 US

2. Principal Place of Business	3. Mailing Address
812 N. JOHN YOUNG PKWY.	1749 LEE JANZEN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country: US	Zip: 34744 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2549130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: STEPHEN A. EATON
Street Address (P.O. Box Number is Not Acceptable): 1749 LEE JANZEN DR.
City: KISSIMMEE FL Zip Code 34744

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] STEPHEN A. EATON, PRESIDENT 10·24·01
Signature, typed or printed name of registered agent and title 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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EATON, STEPHEN A. 1749 Lee Janzen Drive Kissimmee, Fl 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V[illegible] THEODORE, DANE G 560 SPRING LAKE DR. MELBOURNE, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD EATON, PAMELA A. 1749 Lee Janzen Drive Kissimmee, Fl 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004743523-- -12/28/01--01090--019 *****70.00 *****70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 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.

SIGNATURE: [signature] STEPHEN A. EATON PRESIDENT 10·24·01 407·466·8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #