## 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)								Secretary of State				
DOCU  1. Entity Nam  FRANK H	ne	# H7344 EVELOPMENT, IN		ý					08-08-2003 90093 01			
Principal Place of Business 107 HARRISON AVE BELLAIR BEACH FL 34635 US				Mailing Address 107 HARRISON AVE BELLAIR BEACH FL 34635 US								
2. Principal Place of Business				3. Mailing Address					l foutbyl boll kondu liftil byddi uibel (185 biosi)	ALŞIA DADIL BADIL I	PIRFI AIRIS IARF	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				<b>4</b> . F	FEI Number 59-2597908	<del></del>	pplied For ot Applicable		
Zip	ip Country		Zip		Country			5. Certificate of Status Desired				
	. 6. Name	and Address of Current	Registere	d Agent		-		.7. N	Name and Address of New Registered	Agent		
10114005	-6. \4m; . (4.	10 F00UPF				Name						
JONASSEN, WILLIAM S., ESQUIRE 10785 ULMERTON ROAD SOUTHEAST				Street A			ress (f	ess (P.O. Box Number is Not Acceptable)				
LARGO F	L 34648											
						City			FL	Zip Cod	le	
	named entit tions of regist		r the purpo	ose of changing its re	egistere	ed office or re	gistere	ed age	ent, or both, in the State of Florida. I am	familiar with,	and accept	
7	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE:	Registered	d Agent signature r	required	when re	instating) DATE			
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$750 Provide Department o							9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS			<u> </u>			DITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 11	
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	PD Frank, F 107 Hari Bellair I			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ONALD RISON AVE BEACH F; 34635		☐ Delete	•	- 1	<u>-</u>			☐ Change	☐ Addition	
TITLE————— NAME STREET ADDRESS CITY-ST-ZIP			. بانی «سر <sub>د</sub> د	Delete	NAME STRE	l l	٠ ـــــر.	0			Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	•					☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment within an address, with all their propowered.

SIGNATURE:

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