2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # H86110 1. Entity Name 02-05-2002 90093 015 ***150.00 DEVELOPMENT ENGINEERING RESOURCES, INC. Principal Place of Business Mailing Address 435 B-OL AIR PARK RD 435 B-01 AIR PARK RD **EDGEWATER FL 32132** EDGEWATER FL 32132 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 59-2615649 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELLS, JERRY B. Street Address (P.O. Box Number is Not Acceptable) 648 S. RIDGEWOOD AVE. DAYTONA BCH. FL 32014 City Zin 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME MARTIN, JOE D. STREET ADDRESS STREET ADDRESS 12 WOODLAKE DR CITY-ST-ZIP CITY-ST-ZIP PT ORANGE FL TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME MARTIN, MARY S STREET ADDRESS STREET ADDRESS 12 WOODLAKE DR CITY-ST-ZIP CITY-ST-ZIP PT ORANGE FL -TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition 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 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE DAY DATE DAY DELE

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.