2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J02794 **DOCUMENT #**

1. Entity Name

QUAIL CREEK DEVELOPMENTS CORPORATION INC.

| QO/ II C | MEEN BEVELON MENT | o con onanon, n | | | | | |
|---|--|---|---|--|---|--------------------------|---------------------------------|
| Principal Place of Business 5672 STRAND CT SUITE 1 NAPLES FL 34110 US | | Mailing Address 5672 STRAND CT SUITE 1 NAPLES FL 34110 US | 5672 STRAND CT SUITE 1 NAPLES FL 34110 | | | | |
| 2. Principal | Place of Business | 3. Mailing Address | 3. Mailing Address | | | Oldii Bibli Bibli | DIBIN 01011 (00) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | City & State | | 4. FEI Number 65-0267913 | J | pplied For |
| · TZIpT - | Country | · Zip · | Country | - | 5. Certificate of Status Desired | \$8.75 Ad Fee Require | ot Applicable ditional ed |
| | 6. Name and Address of C | urrent Registered Agent | | | 7. Name and Address of New Registered | • | |
| UELLY (| | | Nam | 16 | | | |
| KELLY, JANET 5672 STRAND CT | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE #1 | | | | | · · · · · · · · · · · · · · · · · · · | | |
| NAPLES FL 34110 | | | | | FL | Zip Cod | ie |
| 8. The above | e named entity submits this statentions of registered agent. | nent for the purpose of chang | ing its registered office | e or registere | d agent, or both, in the State of Florida. I am | familiar with, | and accept |
| SIGNATURE | | d exact and title it analysis is | (NOTE: Registered Agent sig | | rhen reinstating) DATE | | |
| | ILE NOW!!!: FEE IS \$150.0 | 0 | (NOTE: Neglisioled Agent sig | griatore required w | 9. Election Campaign Financing | <u></u> | 10 |
| | r May 1, 2003∶Fae will be \$55 k Payable to Florida Departm | | | | | | May Be to Fees |
| 10. | | AND DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KELLY, JANET 5672 STRAND CT #1 NAPLES FL 34110 | ☐ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | ss | | ☐ Change | ☐ Addition |
| TITLE NAME, STREET ADDRESS CÎTŸ-ST-ZIP | PD HARDY, ROBERT S. 5692 STRAND CT #3 NAPLES FL 34110 | ☐ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | SS | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HARDY, ROBERT PAUL 5692 STRAND CT 31 NAPLES FL 34110 | ☐ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | 38 | , | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | ss | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | s | | □ Change | Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | s | | ☐ Change | Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

Mar 24, 2003 8:00 am Secretary of State

FILED

03-24-2003 90657 002 ***158.75