2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

J05283 **DOCUMENT #**

1. Entity Name

Principal Place of Business

RETAIL DEVELOPMENT INC.



FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90016 043 ***158.75

OWE.

NAPLES FL 34105				NAPLES FL 33942								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 65-0017761 Applied For				
Zip	Country Zip					5. Certificate of Status Desir			N)	\$8.75 Ac		
	6. Name	and Address	of Current Regist	ered Agent			7. 1	Name and Address of New Regi	stered /	•		
MURRAY, THOMAS 2640 GOLDEN GATE PARKWAY, 102						Name Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34105						City			FL	Zip Coo		
the obligat		ereo agent.	statement for the pu	·				ent, or both, in the State of Florida		amiliar with	, and accept	
	Signatore, typed	or printed name of n	egistered agent and title if	applicable. (NOTE:	: Registered A	gent signature requ	ired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finance Trust Fund Contribution.	ing [00 May Be d to Fees	
10.		OFFI	CERS AND DIRECT	TORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	IS IN 11	
STREET ADDRESS	P MURRAY, 1 2640 GOLI NAPLES FL	DEN GATE P.	ARKWAY, 102	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-zip				☐ Change	Addition	
STREET ADDRESS	ST ROLQUIN, 2640 GOLD NAPLES FL	DEN GATE PA	ARKWAY, 102	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	(- 3)		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS - ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*		☐ Delete	TITLE NAME STREET /					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A	Į.				☐ Change	Addition	

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 liver processes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR