FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2001 8:00 am **DOCUMENT # J40182 Secretary of State** PALAMAD DEVELOPMENT COMPANY, INC. 03-30-2001 90331 004 ***150.00 Principal Place of Business Mailing Address % PAUL I. MADDOCK, JR. % PAUL L. MADDOCK, JR. **ບບ 0 4 4 /** 375 S. COUNTY ROAD. SUITE #205 375 S. COUNTY ROAD. SUITE #205 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2734579 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADDOCK, PAUL L., JR. Street Address (P.O. Box Number is Not Acceptable) 375 S. COUNTY ROAD, SUITE #205 PALM BEACH FL 33480 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550:00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete TITLE Change ☐ Addition TITLE NAME MADDOCK, PAUL L., JR. NAME STREET ADDRESS STREET ADDRESS 375 S COUNTY RD-STE. 205 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Delete TITLE Change NAME BROBERG, PETER S. NAME STREET ADDRESS STREET ADDRESS 233 PERUVIAN AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROBERG, GUSTAVE T. JR. NAME NAME STREET ADDRESS STREET ADDRESS 233 PERUVIAN AVENUE CITY-ST-7IP CITY-ST-7IP PALM BEACH FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

व्रुक्त्रील

561-655-1483

Daytime Phone #