2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J74045

FILED Apr 30, 2002 8:00 AM Secretary of State

Entity Nan	ne: BOSTI	CK-TUCKE	R DEVELOPMEI	NT, INC.						
Current Principal Place of Business:					New Principal Place of Business:					
% R. MARI 502 E BRIC AUBURND	GERS AVE	Ξ								
Current Mailing Address:					New Mailing Address:					
% R. MARI 502 E BRID AUBURND	GERS AVE	Ē								
FEI Number: 59-2837240 FEI Number Applied For ()					El Number Not Applicable ()			Certificate of Status Desired ()		
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:					
BOSTICK, 502 E BRIC AUBURND	GERS AVE									
The above in the State		ty submits t	his statement for	the purpose o	of changing i	ts register	ed office or re	egistered ag	ent, or both,	
SIGNATUR	RE:									
	Elect	ronic Signa	ure of Registered	d Agent				Date		
			s Intangible Tax filin		and elects to o	do so (X).				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	DP TUCKER, L. 3535 US HV WINTER HA	VY 17 N			Title: Name: Address: City-St-Zip:	DP TUCKER, 3535 US H WINTER H	IWY 17 N	() Addition		
Title:	DVP	() Delete			Title:	DVP	(X) Change	() Addition		

Name: BOSTICK, R. MARK, Address: 502 E BRIDGERS AVE AUBURNDALE, FL City-St-Zip:

Title: DVP () Delete Name: BOSTICK, WILLIAM G., JR Address: 502 E BRIDGERS AVE City-St-Zip: AUBURNDALE, FL

Title: () Delete JACOBS, MILTON E., Name: Address: 502 E BRIDGERS AVE City-St-Zip: AUBURNDALE, FL

Name: BOSTICK, R. MARK Address: 502 E BRIDGERS AVE

City-St-Zip:

Title: (X) Change () Addition DVP Name: BOSTICK, WILLIAM G JR Address: 502 E BRIDGERS AVE City-St-Zip: AUBURNDALE, FL

AUBURNDALE, FL

Title: ST (X) Change () Addition

JACOBS, MILTON E Name: Address: 502 E BRIDGERS AVE AUBURNDALE, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS 04/30/2002 TS