

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88039

1. Entity Name
3-D DEVELOPMENT CORPORATION

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90014 028 ***150.00

Principal Place of Business 9575 OVERSEAS HWY MARATHON FL 33050 US	Mailing Address 9575 OVERSEAS HWY MARATHON FL 33050 US
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642423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11500 Overseas Hwy Suite, Apt. #, etc.	3. Mailing Address 11500 Overseas Hwy Suite, Apt. #, etc.
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City & State Marathon, FL	City & State Marathon, FL
Zip 33050	Zip 33050
Country USA	Country USA

4. FEI Number 59-2837775	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WRIGHT, THOMAS D.
9711 ~~5701~~ OVERSEAS HIGHWAY
SUITE ~~47~~ 5
MARATHON FL 33050

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9711 Overseas Highway
Suite 5
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DESANCTIS, EUGENIO 9575 OVERSEAS HWY MARATHON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11500 Overseas Hwy Marathon, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugenio De Sanctis Eugenio De Sanctis 305 943-8521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)