2001	UNIFORM BUS	INESS REPO	RT (UBI	R) FILED		
1. Entity Nam	MENT # K5806' DEVELOPMENT, INC.	7		Feb 22, 2001 08:00 AM Secretary of State		
Principal Place		Mailing Address	 .			
POMPANO BA 33062	EACH FL US	POMPANO BAEACH 33062	FL US			
2. Principal Place of Business 955 HILLSBORO MILE 956 HILLSBORO MILE 957 1030		·				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	-	
City & State HILLSBORO B		City & State CORAL SPRINGS	FL	4. FEI Number Applied For 65-0159604 Not Applied		
Zip 33062	Country us	Zip 330771030	Country us	5. Certificate of Status Desired X \$8.75 Additional Fee Required		
SMITH, JEANETTA KAY 955 HILLSBORO MILE POMPANO BEACH FL 33062 US			Street A	7. Name and Address of New Registered Agent JEANETTA KAY Address (P.O. Box Number is Not Acceptable) LSBORO MILE		
·				BORO BEACH Zip Code 33062 r registered agent, or both, in the State of Florida.		
9. This corpo Tax filing re (See criter	J. KAY SMITH Signature, typed or printed name of registered agent reation is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE IS \$150. 1 Fee will be \$5 to Department	550.00 \$5.00 May B		
TITLE	PD OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD M Change		
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, JEANETTA KAY 955 HILLSBORO MILE POMPANO BEACH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JEANETTA KAY 955 HILLSBORO MILE HILLSBORO BEACH FL	37 (44)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ¸	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition	
of the corp	URE:J. KAY SMITH	s true and accurate and that my owered to execute this report a:	signature shall his required by Cha	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio nave the same legal effect as if made under oath; that I am an officer or direct apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12		

Daytime Phone #

Date