2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Mar 28, 2000 8:00 am DOCUMENT # **K90821** 1. Entity Name Secretary of State PALM BEACH AND ISLANDS DEVELOPMENT, INC. 03-28-2000 90075 003 ***150.00 Mailing Address Principal Place of Business % HOLYFIELD ASSOCIATES. P.A. % HOLYFIELD ASSOCIATES, P.A. 1601 FORUM PLACE, SUITE 801 1601 FORUM PLACE, SUITE 801 WEST PALM BEACH FL 33401-8106 WEST PALM BEACH FL 33401 CO TAYNE # ASSOC. TAC. 3. Mailing Address 90 JAYNE & ASSOC. TNC. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 242 ALPING RD 242 ALPING RD City & State City & State W.P.B., FL Applied For 4. FEI Number 65-0180567 WPB. FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33405 33405 U-5.4. Fee Required U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAYNE, LINDA N Street Address (P.O. Box Number is Not Acceptable) 242 ALPINE RD. WEST PALM BEACH FL 33405 Zip Code City 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. DP Change Addition TITLE Delete TITLE SMITH, J.E. NAME NAME VICERA HOUSE, 112 OLD NORTH ROAD STREET ADDRESS CRYSTAL HODGE, LOW RUAD STREET ADDRESS CITY-ST-ZIP FENSTANTON, CAMBS CITY-ST-ZIP ROYSTON HEARTS SG ☐ Addition Change TITLE _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 early weeked 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 addre ther like empowered.