2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) K90821

DOCUMENT # 1. Entity Name



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90370 018 ***150.00

PALM BE	ACH AND ISLANDS DEVE	LOPME	NT, INC.								
Principal Place of Business C/O JAYNE & ASSOC. INC. 242 ALPINE RD WEST PALM BEACH FL 33405		C/O . 242 A	Mailing Address C/O JAYNE & ASSOC. INC. 242 ALPINE RD WEST PALM BEACH FL 33405								
2. Principal P	Place of Business	3. Mai	3. Mailing Address				7 (100)6121 016 (012) #820; (0110 240 02 1110) 01031			ION BION IODA	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	City & State				4. FEI Number 65-0180567 Applied For Not Applied but				
Zìp	Country	Zip		try	5.	5. Certificate of Status Desired			itional		
	6. Name and Address of Curren	t Registere	ed Agent			7. 1	Name and Address of New Registered	Agent			
					Name						
JAYNE, LI			Str			eet Address (P.O. Box Number is Not Acceptable)					
242 ALPIN	ne rid. LM Beach fl 33405										
WESTEA	DW DESCRIPTE 30-100				City		FI	Zi	p Code)	
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 					ed office or regis	tered ag	. <u></u>	1_	r with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if appl	ficable. (NOTE: F	Registered	Agent signature requi	ired when re	reinstating) DATE				
FILE NOW!!! FEE IS \$150.00							• 5				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta							Selection Campaign Financing Trust Fund Contribution.			May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ΑC	ODITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS	S IN 11	
TITLE NAME	DP SMITH, J.E.		☐ Delete	TITLE	j j			☐ C	hange	Addition	
STREET ADDRESS	CRYSTAL LODGE, LOW RD				- et address						
CITY-ST-ZIP	FENSTANTON, CAMES EN			CITY-	-ST-ZIP						
TITLE			☐ Delete	TITLE				☐ CI	nange	☐ Addition	
NAME STREET ADDRESS			·	NAME	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
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NAME CERET ADDRESS				NAME	r r						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
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STREET ADDRESS				I	ET ADDRESS					}	
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STREET ADDRESS				1	ET ADDRESS						
CITY-ST-ZIP					ST-ZIP	-	·				
12 I horoby a	ertify that the information currelied wit	h this filing	Management of the state of		والمنا فما المالية من مناورات	O4:4-	MAC 07/03/03 Elevisia Otak Anni I filiabilia ak			£	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #