FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L01000011007 1. Entity Name 04-22-2002 90153 037 ****55.00 STOCK DEVELOPMENT, LLC Principal Place of Business Mailing Address 307 NEOPOLITAN WAY 307 NEOPOLITAN WAY NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 8946 Mustang Island C. 8946 Musiang Ishan Cr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Maples City & State 4. FEI Number Applied For 59-3740488 Not Applicable Country US A Zip 3 1/13 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLEMAN, KEVIN G Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH, STE. 300 NAPLES FL 34103 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Director TITLE Delete Kenneth C. STOCK NAME NAME 307 Neopolitan way STREET ADDRESS STREET ADDRESS N4103, FL 34103 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Delete TITLE Change **∕** \ Addition BRIAN STOCK NAME 451 Rayfront Pi wo. 4 5310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Neples FL 34102 CITY-ST-ZIP TREASurer TITLE ☐ Delete TITLE Change Addition BRAD J Black NAME NAME 17543 Taylor Or STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered be execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER