FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # L02000002426

1. Entity Name
Palm Bay Development L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 25 AM 8:38

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 N Cypress Street	P.O. Box 279
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Fellsmere FL	City & State: Fellsmere FL
Zip: 32948 Country: USA	Zip: 32948 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas B. Adams

Street Address (P.O. Box Number is Not Acceptable): 10 N. Cypress Street

City: Fellsmere **FL** Zip Code: 32948

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD NAME: Tom B. Adams STREET ADDRESS: 10 N Cypress Street CITY-ST-ZIP: Fellsmere, FL 32948	TITLE: NAME: 503107900371 STREET ADDRESS: 07/24/03 90064-025 CITY-ST-ZIP:
TITLE: SD NAME: Jodie Nanni STREET ADDRESS: 10 N. Cypress Street CITY-ST-ZIP: Fellsmere, FL 32948	TITLE: NAME: #50.00 STREET ADDRESS: CITY-ST-ZIP:
TITLE: TD NAME: Hector Pacheco STREET ADDRESS: 10 N Cypress Street CITY-ST-ZIP: Fellsmere, FL 32948	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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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 on an attachment with an asterisk (*) with all other like empowered.

SIGNATURE: Thomas Adams PD 7-21-03 772-571-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tom Adams