FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # L21713** SEVEN HILLS DEVELOPMENT, INC. 04-30-2001 90357 024 ***150.00 Principal Place of Business Mailing Address 3740 LONGCHAMP CIRCLE 3740 LONGCHAMP CIRCLE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 173322 8 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2973171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH RANDALL W Street Address (P.O. Box Number is Not Acceptable) 3740 LONGCHAMP CIR TALLAHASSEE FL 32308 City Zip Code FI 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete Addition TITLE SMITH, RANDALL W. NAME 3740 LONGCHAMP CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-2IP Addition Delete TITLE ☐ Change NAME STREET ADDRÈSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address with all other like empowered.