2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am Secretary of State **DOCUMENT # L53396** MIDGETT DEVELOPMENT, INC. 05-05-2001 90368 021 ***150.00 Principal Place of Business Mailing Address 441 N DEL PRADO BLVD PO BOX 151214 CAPE CORAL FL 33915 SUITE #2 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address P.O. Box 151244 2328 HANKOUR BRIDGE 2328 HANKOCK BRIDGE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0174315 CAPE CORAC CAPE CORAL Not Applicable Žip **33920** \$8.75 Additional 5. Certificate of Status Desired 33915 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIDGETT EDWARD F. Street Address (P.O. Box Number is Not Acceptable) MIDGETT, EDWARD F. 441 N DEL PRADO BLVD 2328 HANCOCK BRIDGE SUITE #2 CAPE CORAL FL 33909 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 X Edward 7- Muly III Signature, typed or printed name of registered agent and title if applicable. 4-26-01 (NOTE: Recistered Acent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE Delete MIDGGIT, GOWARD F. NAME MIDGETT, EDWARD F. NAME 2328 HANCOCK BRIDGE PARKUMY, STE 111 441 N DEL PRADO BLVD SUITE #2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33909 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLS ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition | TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IS Addition TITLE ☐ Delete TITLE Change 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.

Edward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 941-773-0225 Date Daytime Phone #