2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # L53396 1. Entity Name 05-27-2002 90266 023 ***150.00 MIDGETT DEVELOPMENT, INC. Principal Place of Business Mailing Address 2328 HANCOCK BRIDGE PARKWAY PO BOX 151214 CAPE CORAL FL 33915 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address 441 <u>Del Prado Blvd. N.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #5 City & State City & State 4. FEI Number Applied For Cape Coral 65-0174315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33909 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Midgett, Edward F MIDGETT, EDWARD F. Street Address (P.O. Box Number is Not Acceptable) 441 Del Prado Blvd. N. 2328 HANCOCK BRIDGE PARKWAY STE 111 Suite #5 CAPE CORAL FL 33990 City Cape Coral Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PD Change Addition NAME MIDGETT, EDWARD F. NAME Midgett/ Edward F. STREET ADDRESS 441 N DEL PRADO BLVD SUITE #2 STREET ADDRESS 441 Del Prado Blvd. N., Suite #5 CITY-ST-7IP CAPE CORAL FL 33909 CITY-ST-ZIP Cape Coral, Fl. 33909 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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. DESMATHERE PROMETERS F. m. Squtt

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR