APR-04-2002 12:08 AM JEFF A ZIMMERMAN 21

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Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90143 001 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000057

1. Entity Name
Manatee Site Development, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
880 33rd Street East
Suite, Apt. #, etc.
City & State: Palmetto, Florida
Zip: 34221 County: Manatee

3. Mailing Address
P O Box 31
Suite, Apt. #, etc.
City & State: Parrish, Florida
Zip: 34219 County: Manatee

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822623
☐ 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: Lavon F. Robinson II, P.A.
Street Address (P.O. Box Number is Not Acceptable)
442 Old Main Street
City: Bradenton FL Zip Code: 34205

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

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

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Walter L. Presha
STREET ADDRESS	880 33rd St. East
CITY-ST-ZIP	Palmetto, FL 34221
TITLE	Secretary/Treasurer
NAME	Trina Rozier
STREET ADDRESS	880 33rd Street East
CITY-ST-ZIP	Palmetto, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 address, with all other like empowered.

SIGNATURE: WALTER L PRESHA 941 776 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #