

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # M94662

1. Entity Name

DEVELOPMENT PARTNERS GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 PM 2:33

Principal Place of Business

Mailing Address

105 FOREST HILL BLVD
SUITE A
WEST PALM BEACH FL 33406

1495 FOREST HILL BLVD
SUITE A
WEST PALM BEACH FL 33406-6073
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0069321

Approved For

Not Approved

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARP, MICHAEL T.
1495 FOREST HILL BLVD
SUITE A
WEST PALM BEACH FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

City

7000003383727-2
-09/06/00--01081--011
*****61.25 FL *****61.25

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

Signature, typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent's signature required when installing

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contributor ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PD
NAME CARP, MICHAEL T
STREET ADDRESS 1497 FOREST HILL BLVD. SUITE G
CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD
NAME KENNEDY, THOMAS
STREET ADDRESS 1497 FOREST HILL BLVD. SUITE G.
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE V.P.
NAME LEONARD H. GRUNTHAL, III
STREET ADDRESS 45 W. BAY STREET SUITE 203
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(g), 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 in a court of law. I am an officer 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 the public records of the state, or on an attachment with an affidavit, with all other like empowered

MICHAEL T. CARP

(561) 434-1300