

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90132 011 ****61.25

DOCUMENT # N27011

1. Entity Name

RE: DEVELOPMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1263 E. LAS OLAS BOULEVARD
 #202
 FORT LAUDERDALE FL 33301
 US

P.O. BOX 972425
 BOCA RATON FL 33427
 US

2. Principal Place of Business

2208 N.E. 26th STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33305

Country

United States

Zip

Country

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

JERNIGAN, SKEET
 1263 W. LAS OLAS BLVD.
 #202
 FORT LAUDERDALE FL 33301

Name **SKEET JERNIGAN**

Street Address (P.O. Box Number is Not Acceptable)
2208 N.E. 26th ST.

City **FT. LAUDERDALE**

FL

Zip Code **33305**

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 signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **JERNIGAN, SKEET**
 STREET ADDRESS **1263 E. LAS OLAS BLVD., SUITE 202**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **P** ☒ Change ☐ Addition
 NAME **SKEET JERNIGAN**
 STREET ADDRESS **2208 N.E. 26th ST.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33305**

TITLE **D** ☐ Delete
 NAME **UNGER, CRAIG**
 STREET ADDRESS **4400 W. SAMPLE ROAD, SUITE 200**
 CITY-ST-ZIP **COCONUT CREEK FL 33408**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLLINS, WALTER**
 STREET ADDRESS **312 SE 17 STREET, SUITE 300**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BASS, TRENT**
 STREET ADDRESS **2541 METROCENTER BLVD., SUITE 1**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

954-566-6679

Daytime Phone #

CR2E037 (9/01)