Amended 2003

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State
07-23-2003 90055 009 ****61.25

DOCUMENT # N94 00006 6108

1. Entity Name
The Palm Bay Development Corporation

DO NOT WRITE IN THIS SPACE

90145886

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 N. Cypress Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fellsmere FL	City & State
Zip: 32948 Country: USA	Zip Country

4. FEI Number: 59-3298248 ☐ 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: W. J. Roberts

Street Address (P.O. Box Number is Not Acceptable): 217 S. Adams Street

City: Tallahassee **FL** Zip Code: 32302

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	Tom B. Adams	NAME	
STREET ADDRESS	10 N. Cypress Street	STREET ADDRESS	
CITY-ST-ZIP	Fellsmere, FL 32948	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Jodie Nanni	NAME	
STREET ADDRESS	10 N. Cypress Street	STREET ADDRESS	
CITY-ST-ZIP	Fellsmere, FL 32948	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Hector Pacheco	NAME	
STREET ADDRESS	10 N. Cypress Street	STREET ADDRESS	
CITY-ST-ZIP	Fellsmere, FL 32948	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] P.D. 7-21-03 772-571-0277
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #