2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # N9900000351 05-19-2002 90216 003 ****61.25 RATTRAY ECONOMIC DEVELOPMENT, INC. Principal Place of Business Mailing Address 340 NW 3RD AVENUE 340 NW 3RD AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1631498 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PATTRAY PAMEEA 340 NW 3RD AVENUE **DEERFIELD BEACH FL 33441** City Zip Code FL 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. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RATTRAY, PAMELA STREET ADDRESS STREET ADDRESS 340 NW 3RD AVENUE CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME ROBINSON, VANETTA NAME STREET ADDRESS 340 NW 3RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE TD Delete TITLE ☐ Change ☐ Addition NAME TIMMS, SEAN DAVID NAME STREET ADDRESS STREET ADDRESS 340 NW 3RD AVENUE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHANKS, JUANITA A NAME STREET ADDRESS 5512 NW 15TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 TITLE Delete Treasurer TITLE ☐ Change ☐ Addition NAME Kevin James Butter 340 NW 3Rd Aue NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 tustee 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

SIGNATURE: X

FILED

Daytime Phone #