2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 16, 2001 8:00 am Secretary of State DOCUMENT # P00000025913 1. Entity Name 07-26-2001 90006 022 ***150.00 CADCO DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 直直过性型 1980 N ATLANTIC AVENUE SUITE 301 1980 N ATLANTIC AVENUE SUITE 301 COCDA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3638961 Applied For City & State City & State Not Applicable \$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 6183841 DETTMER, DALE A Street Address (P.O. Box Number is Not Acceptable) 304 S HARBOR CITY BLVD., SUITE 201 MELBOURNE FL 32901 City Cown Beach ks this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when re-FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing . Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Servery ☐ Change Delete Addition CR2E034 (5/01) TITLE TITLE Guy Gressyn BAIR, ANDREW D NAME 1980'N. Attenta An = 12301 STREET ADDRESS 2225 A1A UNIT 606 STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP 7M F ☐ Delete TITLE Change **Addition** GRESSANI, CHAD D NAME 1980 N ATLANTIC AVENUE SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-" . COCOA:BEACH FL 32931 ~ - - - - - - - - - -CITY-ST-ZIP -☐ Change TITLE Delete TITLE ☐ Addition NAME BARDO, DAVID L 1980 N ATLANTIC AVENUE SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change NAME MAXAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trues e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if