2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND CYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # P00000055577 1. Entity Name JOYNER DEVELOPMENT GROUP, INC. 03-05-2002 90068 035 ***158.75 Mailing Address Principal Place of Business 413 SALT WIND CT. W. 3455 COASTAL HWY SAINT AUGUSTINE FL 32084 PONTE VEDRA FL 32082 3. Mailing Address 2. Principal Place of Business Sam DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State 65-1023156 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATKINS, CAROL L 413 SALT WIND CT. W. PONTE VEDRA FL 32082 8. The above mamed 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 CR2E034 (9/01 ☐ Addition PD ☐ Delete TITLE Change TITLE NAME Joyner, Robert NAME STREET ADDRESS 3455 COASTAL HWY STREET ADDRESS SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition STD ☐ Delete TITLE TITLE WATKINS, CAROL L NAME Watkins, Carol L 2370 Water Plant Rd STREET ADDRESS 413 SALT WIND CT. W. STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP PONTE VEDRA FL 32082 St-Augustine ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 14.1.1.2.3.1. ☐ Change Addition ☐ Delete TITLE NAME さん いいばんじん NAME STREET ADDRESS WHIT TORY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

90-09

FILED