2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

BRADENTON BEACH FL 34217

2. Principal Place of Business

300 BAY DRIVE S

SIGNATURE

P00000099573

Mailing Address

300 BAY DRIVE S

3. Mailing Address

BRADENTON BEACH FL 34217

1. Entity Name

TEITELBAUM DEVELOPERS, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90054 012 ***150.00

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CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1056042 Not Applicable \$8.75 Additional Country Zip 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 DAVID, TAILEEOGUM TEITELBAUN Street Address (P.O. Box Number is Not Acceptable) 300 BAY DRIVE S

BRADENTON BEACH FL 34217

Zip Code City

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT SECRETARY DAVID TEITELBAUM Change ☐ Addition ☐ Delete TITLE NAME DAVID TEITELBALUM NAME BAY DRIVE SOUTH STREET ADDRESS STREET ADDRESS 300 BAY STREET S CITY-ST-ZIP BEACH, FL CITY-ST-ZIP BRADENTON BEACH FL 34217 Change □ Delete TITLE TITLE tenciope NAYLOR NAME NAME Pededge_naylor STREET ADDRESS STREET ADDRESS 25 TIDY ISLE BLVD CITY-ST-7IP CITY-ST-ZIP BRADENTON FL 34210 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a second with a secon

SIGNATURE:

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(10/02)CR2E034