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727-799-5293

JAN 20 2001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000101387 1. Entity Name THE KERWIN DEVELOPMENT COMPANY					May 01, 2001 8:00 am Secretary of State 05-01-2001 90107 037 ***150.00			
Principal Pla	ce of Business	Mailing Address						
2014 OLD OAK LANE SAFETY HARBOR FL 34695		2014 OLD OAK LANE SAFETY HARBOR FL 34695			·			
2. Principal I	Place of Business	3. Mailing Address		_				
_	EADOWBROOK DRIVE	2109 MEADOWA	2109 MEADOWBROOK DRIVE				UIH 1991 (144)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	DO NOT WRI	TE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number Applied For			
CLEARWA Zip	Country	CLEARWATER F	Country		59-3683296		ot Applicable	
33759	3 USA	33759	USA	5.	Certificate of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			Name and Address of New F	Registered Agent		
121	ack, James a ESQ. N. Osceola ave., 2ND FL. Arwater FL 33755	,	Street 21	ERWIN T Address (P.O. OG MEA	Timojity T. Box Number is Not Acceptabl BOW BROOK DRIVE	e)		
			City	GARWATER	<u>. </u>	FL Zgg	759	
Signature of or frinted rame of registered agent and title if applicable. (NOTE				0.00 \$550.00			00 May Be	
11.	OFFICERS AND		12.		DDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS	d Kerwin, Timothy J 2014 old oak lane	☐ Defete	TITLE NAME STREET ADDRESS		T & DIRECTOR SATOWBROOK DRIVE	⊠ Change	☐ Addition	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	☐ Delete	CITY-ST-ZIP	CLEARN	wher Fr 33	159 □ Change	i ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		. Change	L Audition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Change	Addition	
TITLE NAME STREET ADDRESS		. Delete	TITLE NAME STREET ADDRESS	3		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	,		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby control indicated	tertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my	the exemption st	have the same	legal effect as if made under d	eath; that I am an officer e appears in Block 11 or	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIME THE J. LEG WIN