4/23/01-90241-019-$150.00-$150.00

0024581

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103489

1. Entity Name

WPB DEVELOPMENT COMPANY

FILED

01 MAY -7 PM 12:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

U0051382

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
106 E COLLEGE AVE HIGHPOINT CENTER 12FLOOR TALLAHASSEE FL 32301	106 E COLLEGE AVE HIGHPOINT CENTER 12FLOOR TALLAHASSEE FL 32301

2. Principal Place of Business		3. Mailing Address	
340 Royal Poinciana Way		340 Royal Poinciana Way	
Suite, Apt. #, etc.: Suite 316		Suite, Apt. #, etc.: Suite 316	
City & State: Palm Beach, FL 33480		City & State: Palm Beach, FL 33480	
Zip: 33480	Country: USA	Zip: 33480	Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDERMAN, SILVA MORELL ESQ
106 E COLLEGE AVE HIGHPOINT CENTER 12FLOOR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Armando A. Tabernilla
Street Address (P.O. Box Number is Not Acceptable): 340 Royal Poinciana Way, Suite 316
City: Palm Beach FL Zip Code: 33480

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.

SIGNATURE [signature] Armando A. Tabernilla 3/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Armando A. Tabernilla 340 Royal Poinciana Way, #316 ~~Palm Beach, FL 33480~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Listed as a director solely for purpose of filing this UBR Report. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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LTS 5-7-01

CR2E034 (10/00)

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

SIGNATURE: [signature] Armando A. Tabernilla, Incorporator 3/26/01 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #