2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State **DOCUMENT #** P00000106333 02-07-2002 90006 015 ***150.00 BLITZ DEVELOPMENT, INC. Mailing Address Principal Place of Business 427 MCKENZIE AVE. 427 MCKENZIE AVE. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3685712 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SLOAN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 427 MCKENZIE AVE. PANAMA CITY FL 32401 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change Addition ☐ Delete TITLE DVP NAME SLOAN, TIMOTHY J NAME STREET ADDRESS 427 MCKENZIE AVE. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE DP NAME HUNNICUT, J. MICHAEL STREET ADDRESS STREET ADDRESS 8317 FRONT BCH RD. CITY-ST-ZIP PANAMA CITY FL 32408 CITY-ST-ZIP ☐ Change · 🔲 Addition TITLE Delete ` TITLE NAME NAME TRUMBULL, JAY N STREET ADDRESS STREET ADDRESS 315 E. 15TH ST. CITY-ST-ZIP CITY-ST-ZIE PANAMA CITY FL 32405 JONATHAN MASKER P.O. BOX 18408 PANAMACITY BEACH, FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 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

SIGNATURE:

FILED