2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 15, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # P0100 ELOPMENT, INC.	01-21-2003 90042 049 ***150.00 33U3443U							
Principal Plac 4500 EXECUT SUITE 300 NAPLES FL 3		Malling Address 4500 EXECUTIVE DR SUITE 300 NAPLES FL 34119				0003200			
<u>.</u>	lace of Business	3. Mailing Address				(05-1147994			
Suite, Apt.		Suite, Apt. #, etc.			· .	CHECK HERE IF MAKING CHANGES			
City & Stat	e 	City & State				4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip	Country	Zip	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	-6Name and Address of Current F	Registered Agent				7." Name and Address of	New Registered A	gent	
- Name and the									
NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH, SUITE 300				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34103				<u> </u>				<b>T</b>	
4.				City			FL	Zip Coo	le
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  Signature, types of brimed name of registered agent and till if applicable. (NOTE: Registered Agent signature required when (enatating)									
After Sep Make Check				9. Election Campa Trust Fund Cont			May Be		
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/CHANGES T	O OFFICERS AND (	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ST. JOHN, EARL 4500 EXECUTIVE DRIVE, SUITE 3 NAPLES FL 34119	□ Delete		i	V.P	•	· )	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGESON, RICHARD 1830 MENORCA COURT MARCO ISLAND FL 34145	☐ Defete		1		·	[	_] Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	VP. COLSON, KARIN 10887 FIELD FAIR DRIVE NAPLES FL 34119	☐ Delate	- 4		ST		- 1,000	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete			,			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					(	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the on this report or supplemental report is tr	Delete	CITY-	T ADDRESS ST-ZIP	4:0			] Change	Addition

Interest 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of Irustee empowered to execute 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 an address, with all other like empowered.

CICNATURE

WATURE REQUIRED

AND TYPED OR PROVIED NAME OF SKINING OFFICER OR DIRECTOR

10 03 (239) 38900 4

## **POI Development**

314 Newport Drive #4 Naples, Florida 34114 239-389-0554 Fax: 239-389-2151

July 10, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom it may Concern:

This letter is in response to my phone conversation on July 10, 2003. I am sending the enclosed signed. I did not receive the letter requesting signature. The Uniform Business Report was filed and paid for in January. The check number is 11674 and cleared my bank on January 28, 2003. Please call with any questions at (239) 389-0554 ext. 203. Thank you for your help with this matter.

Sincerely,

POI Development, Inc.

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