## Jun 16, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000039405 05-23-2002 90073 017 \*\*\*150.00 DETROIT REAL ESTATE DEVELOPMENT, INC Mailing Address Principal Place of Business 8200V 3637 FOURTH STREET NORTH 3637 FOURTH STREET NORTH SLITTE JAMES230 230 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLEY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 3637 FOURTH STREET NORTH SUITE 230 ST. PETERSBURG FL 33704 Zip Code 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, typed or printed here of registered agent and title if applicable. (NOTE: Repistered Agent signature required when 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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. .. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT DDE ☐ Delete TITLE ☐ Change ☐ Addition 10/6 NAME Joh C. BODZIAK NAME 4m Stucie N Sude >30 STREET ADDRESS STREET ADDRESS 3637 Sr. Petersburg, R CITY-ST-ZIP CITY-ST-ZIP TITLE James R. Kelling Sec/ Free Delete TITLE ☐ Change ☐ Addition 3637 4th Street N Switz 230 NAME NAME STREET ADDRESS STREET ADDRESS st. Petersburg R CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Oelete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 opporation 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:

**FILED**