2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000046126

1. Entity Name

DOCUMENT #



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90189 014 ***150.00

ELOPMENT, INC.										
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 150 TAMPA FL 33607 US 2. Principal Place of Business		Mailing Address 4300 WEST CYPRESS STREET SUITE 150 TAMPA FL 33607 US 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HEDE IN	" MANZINIO	OUANOS	_	
ate	Cit	City & State			+					
Country	Zip)	Country	,		38-3731144	<u> </u>		lot Applicable	
6. Name and Address of Cui	rent Register	ed Agent					جس F	ee Requir	ed	
				Name		T. Marite and Address of New Me	gistered A	gent		
, alfred f II St cypress st		Street Address			s (P.C	(P.O. Box Number is Not Acceptable)				
		•	-		· ·					
L 33607			ļ	City		141-	FI	Zip Co	de	
e named entity submits this statement ations of registered agent.	ent for the purp	pose of changing its r	registered (office or regis	tered	agent, or both, in the State of Florid	da. Lam fa	niliar with	, and accept	
Signature, typed or printed name of registered	agent and title if app	plicable. (NOTE:	Registered Ag	jent signature requi	ired whe	en reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
						9. Election Campaign Finan	ncina	\$5.0	O May Be	
k Payable to Florida Departme	nt of State					Trust Fund Contribution.			d to Fees	
	ND DIRECTO		11.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11	
STEINER, ALFRED F II	E 150	Delete							☐ Addition	
2000	•	☐ Delete	TITLE NAME STREET AC	DDRESS	;		Γ	Change	Addition Addition	
-		Delete	NAME Street ad)DRESS	· ·	70 m − 1	[Change	☐ Addition	
		☐ Delete			-			Change	☐ Addition	
		□ Delete] Change	Addition	
ortific thank the inference		☐ Delete	CITY-ST-ZI	IP.	·			Change	Addition	
	ace of Business CYPRESS STREET 3607 Place of Business ot. #, etc. ate Country 6. Name and Address of Cur ALFRED F II ST CYPRESS ST L 33607 e named entity submits this statement of registered agent. Signature, typed or printed name of registered are will be \$550 kPayable to Florida Department OFFICERS APAST CYPRESS ST STITAMPA FL 33607	Acce of Business CYPRESS STREET 4300 SUIT TAM US Place of Business 3. M. Place of Business 3. M. At. #, etc. Country 6. Name and Address of Current Register ALFRED F II ST CYPRESS ST L 33607 e named entity submits this statement for the purplishons of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTO P STEINER, ALFRED F II 4300 WEST CYPRESS ST STE 150 TAMPA FL 33607	Address CYPRESS STREET SUITE 150 TAMPA FL 33607 US Place of Business 7. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 1. ALFRED F II ST CYPRESS ST Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. Signature, typed or printed name of registered agent and fitte of applicable. (NOTE: Signature, typed or printed name of registered agent and fitte of applicable. (NOTE: Signature, typed or printed name of registered agent and fitte of applicable. (NOTE: Delete Delete	ACE OF Business CYPRESS STREET SUITE 150 TAMPA FL 33607 US 3. Mailing Address Suite, Apt. #, etc. Country C	ace of Business CYPRESS STREET 4300 WEST CYPRESS STREET SUITE 150 3. Mailing Address SUITE 150 3. Mailing Address Place of Business 3. Mailing Address Place of Business 3. Mailing Address Suite, Apt. #, etc. Cliy & State Country 6. Name and Address of Current Registered Agent ALFRED F II ST CYPRESS ST Street Addres City & State City & State Country City C	ace of Business CYPRESS STREET 4300 WEST CYPRESS STREET SUITE 150 13007 TAMPA FL 33007 US 3. Mailing Address A. #, etc. 4. **Country 6. Name and Address of Current Registered Agent ALFRED F II ST CYPRESS ST Street Address (PC City & State City 6. Name and Address of Current Registered Agent Name **Street Address (PC City **Country 6. Name and Address of Current Registered Agent Name **Street Address (PC City **City **Ci	Mailing Address CYPRESS STREET 400 WEST CYPRESS STREET SURE 150 SURE 300 WEST CYPRESS STREET SURE 150 SURE 7, AND AFL 33807 US Place of Business 3. Mailing Address 1. F, etc. CHECK HERE IF SURE 10 Country Zip	Mailing Address CYPRESS STREET SURE IS	The of Business Walting Address 400 WEST CYPRESS STREET SUITE 180 TAMPA R. 35007 JUS 3. Maling Address Country Zip Zip City FL Zip Contry FL Zip Co	

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

SIGNATURE: 4

MAED WIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-671-5343