2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P01000048942 03 MAY 13 PM 2:48 NAPIER MOTOR COMPANY INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 520 WEST NCNAB ROAD 520 WEST MCNAB ROAD **APT 103 APT 103** POMPANO, FL 33060 POMPANO, FL 33060 US US 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1103957 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPNEY, KENNETH 520 WEST MCNAB ROAD #103 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33060 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, I am familiar with, and accept the obligations of regisfered a 8H SIGNATURE 🗻 Strent and title if applicable (NOTE: Reustered Agents unautre required when reinstating FILE NOW!!! FEE IS \$150.00 After May 1, 2003/Fee will be \$650.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 🗌 Delete 1)TLE TILLE ☐ Change Addition CR2E034 (10/02) 300018815953 STEPNEY, KENNETH NAME NAME 05/12/03--01113--011 \*\*550.00 STREET ADDRESS 520 WEST MCNAB ROAD #103 STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-ZP COTY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TALE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-749 CITY-ST-2P ☐ Delete TRIE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete TITLE BITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP 12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other fike empowered.

April 29, 2003

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We are remitting with the enclosed Corporation Reinstatement Form a check in the amount of \$308.75, representing the filing fees due for 2002 & 2003 of \$150.00 each year and \$8.75 for a Certificate of Status.

Please abate all late filing penalties, as we never received the 2002 or 2003 Uniform Business Report (UBR) from your department and were not aware of administrative dissolution until examining the Division of Corporations website.

Sincerely,

Nicholas Holmes

Director

Southern Select Villas, Inc.