## FILED Apr 11, 2003 8:00 am Secretary of State

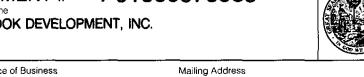
04-11-2003 90198 016 \*\*\*150.00

CHECK HERE IF MAKING CHANGES

P01000070969

1. Entity Name

PHILBROOK DEVELOPMENT, INC.



Principal Place of Business 1400 OULF SHORE BLVD: NORTH -SUITE-107-A

SULLIVAN, ROBERT J

SUITE 107-A- 4

NAPLES FL 34102

-1400-GULF-SHORE BLVD. NORTH

P.O. BOX 1122 NAPLES FL 34106

N <del>aples</del>	FL	34102

Principal Place of Business  25 Banyan Rolyd	3. Mailing Address 725 Pour Van	Blud
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
まっ10_	# 210_	
City & State	City & State	

Country

Country

4. FEI Number

59-3732081

Applied For Not Applicable

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)

#

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, typed or printed name of registered agent and title if applicable.

(NOTE: Begistered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition TITLE ☐ Delete TITLE SULLIVAN ROBERT J NAME NAME STREET ADDRESS 1400 GULF SHORE BLVD. N #107-A STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP るみいのつ ☐ Addition TITLE CD ☐ Defete TITLE Change NAME LOVE, G. DONALD NAME STREET ADDRESS 1400 GULF-SHORE BLVD. N-#107-A STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIE Change ☐ Addition TITLE TITLE Delete SEXTON, DAVID NAME NAME STREET ADDRESS 1400 GULF SHORE BLVD N: #107-A STREET ADDRESS # 210 34102 CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP **₽**Change ☐ Delete ☐ Addition TITLE TITLE. REES- ANDERSON, JENNY NAME NAME 1400 GULF SHORE BLVD. N #107-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ろそして CITY-ST-ZIP NAPLES FL 34102 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)