2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Mar 28, 2002 8:00 am Secretary of State P01000072558 **DOCUMENT #** 1. Entity Name 02-13-2002 90187 015 ***150.00 FLORIDA WATERFRONT PROPERTIES, INC. Principal Place of Business Mailing Address 30 MILESTONE WAY 30 MILESTONE WAY WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Busine 3. Mailing Address 270 SAND RUN ROAD 270 SAND RUN DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUCKER, THOMAS F SR. Street Address (P.O. Box Number is Not Acceptable) 30 MILESTONE WAY WEST PALM BEACH FL 33415 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 (NOTE: Registered Agent signature (equired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PCEO** 🔀 Delete TITLE Ruckel, THOMAS F. St. Change ☐ Addition RUCKER, THOMAS F SR. NAME 30 MILESTONE WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP DCOB Delete TITLE TITLE RUCKER, THOMAS F SR. NAME NAME 30 MILESTONE WAY STREET ADDRESS STREET ADDRESS Wa Beach. CITY-ST-7IP WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 11 or Block 12 if

FILED