2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State

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	II OIIM DOOIIE	<u> </u>		Secretar	y or state	-
DOCUMENT # P0100078776 1. Entity Name QUAIL CREEK REAL ESTATE, INC.				05-07-2003 90161 003 ***150.00		
Principal Plac 1786 TRADE SUITE 6 NAPLES FL 3	ce of Business CENTER WAY 34109	Mailing Address 1788 TRADE CENTER WAY SUITE 6 NAPLES FL 34109	,		`)
2. Principal F Suite, Apt	Place of Business Run	3, Mailing Address Suite, Apt. #, etc.	Japlas Blu	CHECK HERE IF MAKIN	IG CHANGES	
City Stat	ilos, FL	City & State	<u> </u>	4. FEI Number 59-3747129	Applied For	7
7 9(1	Country A	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	ή
771	8. Name and Address of Current B	L ZU (C)	<u> </u>	7 Name and Address of New Paraletares		┨.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
PERRY, DAVID L						4
4372 BITTERN CT.				(P.O. Box Number is Not Acceptable)		l
NAPLES	FL 34119	•				7
			City		Zip Code	\dashv
				F	L	_]
8. The above named emity submits this statement of 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 an	ed title if sportcable. (NOTE: 1	Registered Agent signature require	nd when reinstation)	<u>u</u>	
FILE NOW!!! FEE IS \$150.00						
	r May 1, 2003 Fee will be \$550.00			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	k Payable to Florida Department of	State		Trust Fund Continuation.	Moded to Fees	
10.	OFFICERS AND D	NRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11]_
TITLE	PERRY, DAVID L	Delete	TITLE		Change Addition	(10/02
NAME STREET ADDRESS	4372 BITTERN CT.		NAME Street Address			
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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 game legal effect as if made under path; 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED A
BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 255-498-341