2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91361 001 ***185.00

DOCUMENT # P01000116741

1. Entity Name
SAWGRASS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
5245 FINISTERRE DRIVE PANAMA CITY BEACH, FL 32408 CHANGE	P.O. BOX 19196 PANAMA CITY BEACH, FL 32417 CHANGE

2. Principal Place of Business	3. Mailing Address
4427 BAYPOINT ROAD	P.O. BOX 18196
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: P.C. BCH, FL.	City & State: P.C. BCH, FL.
Zip: 32411 Country: BAY/US	Zip: 32417 Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0557032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRISPEN, FREDERICK W
6245 FINISTERRE DRIVE
PANAMA CITY BEACH, FL 32408
CHANGE

7. Name and Address of New Registered Agent
Name: THOMAS P. MOLLOY
Street Address (P.O. Box Number is Not Acceptable): 4427 BAYPOINT ROAD
City: P.C. BCH. FL Zip Code: 32411

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: T P Molloy — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISPEN, FREDERICK W 6245 FINISTERRE DR PANAMA CITY BEACH, FL 32408 ☑ Delete — RESIGNED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLOY, THOMAS P 919 COBIA DRIVE PANAMA CITY BEACH, FL 32411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (100%) THOMAS P. MOLLOY 4427 BAYPOINT RD. P.C. BCH, FL ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: T P Molloy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/21/03 Daytime Phone #: 850-338-0346