2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000006685 **DOCUMENT #**

CITY-ST-ZIP



FILED Feb 28, 2003 8:00 am Secretary of State

UH DEVI	ELOPMEN	NT, INC.					·	02-28-200	3 90130	03/ ***13	0.00	
Principal Pla 4905 CHIQUI CAPE CORAL		ITE 101										
2. Principal Place of Business 728 Victoria Drive 13/8 Lafety Suite, Apt. #, etc. Suite, Apt. #, etc.						effe St.						
Suite, Apt	- 7 (11] СНЕСК НЕГ	RE IF MAKI	NG CHANGES	3	_				
Capo	e Coral	C Flando	$\Box \Box G$	& State pe (oral)	Floria	la l	4. FEI Number	90-00	10 99°	24	Applied For Not Applicable	
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					Name		7. Italiie aliu A	duress of IVer	rnegistere	u Agent		┨
SCHUTT,	DARRIN R					HIL			1.			_] -
1105 CAPE CORAL PARKWAY EAST SUITE C					Street	Address (P.	O. Box Number i	s Not Accepta	ble)	•		
	DRAL FL 339					10.0	4 4					┨
						1318	LAFA? CORAL	ETTE	<u>- 57</u>			
					City	APF	CORAL		F		906	
8. The above	e named entity	y submits this statemen	nt for the purpo	ose of changing its	registered office	or registered	d agent, or both	in the State of	Florida. I ar	n familiar with	, and accept	1
the obaga	ations of region	ered agent.	2.11	•	••							1
SIGNAT⊎RE		come /	HY						2-26	500		
	Signature, typed	or printed name of registered ac	gent and title if appli	cable. (NOTE	: Registered Agent sign	nature required wi	hen reinstating)		DATE			1
												1
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0						ion Campaign			00 May Be	
Afte Make Checi	r May 1, 200							ion Campaign Fund Contribu			00 May Be ed to Fees	
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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 like empowered.

CITY-ST-ZIP

SIMATURED U.S. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: ~

2-26-03

239-549-2444 Daytime Phone #