FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State **DOCUMENT #** P02000033271 04-16-2003 90289 005 ***150.00 1. Entity Name S & B DEVELOPERS, INC. Principal Place of Business Mailing Address 106 VEDRA LANDING CT. 106 VEDRA LANDING CT. PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For _0856067 Not Applicable Zip Country 7in Country \$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 SENNE, DENNIS Street Address (P.O. Box Number is Not Acceptable) 106 VEDRA LANDING CT. PONTE VEDRA FL 32082 Zip Code 8. The above named entity submits this statement for the purpose of change registered agent, or both, in the State of Florida. I am familiar with, and accept its red the obligations of registered agent. DENNIS SENNE PRES SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: ed Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE FAIRFIELD PONTE VEORA NAME SENNE. DENNIS NAME 106 YEDRA LANDING CONAT STREET ADDRESS STREET ADDRESS 106 VEDRA LANDING CT. PONTE YEORA FL 32082 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA FL 32082 Change . TITLE ☐ Delete TITLE STD 988 RIVERSTONE NAME BRDAR, JAMES P NAME STREET ADDRESS STREET ADDRESS 21014 W. SNOWBERRY LN. AURORA 16 60504 CITY-ST-ZIP CITY-ST-ZIP PLAINFIELD IL 60544 TITLE Delete TITLE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP