FILED
Mar 24, 2003 8:00 am
Secretary of State
02-12-2003 90125 033 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000039648

1. Entity Name
7280 BBB Development, Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3998 FAU BLVD	3998 FAU BLVD
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. # 307
City & State Boca Raton	City & State Boca Raton
Zip FL Country	Zip 33431 Country

4. FEI Number 30-0077544 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Thomas S. Head

Street Address (P.O. Box Number is Not Acceptable): 3998 FAU Blvd., Suite 307

City: Boca Raton FL Zip Code: 33431

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Mail 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

TITLE	President
NAME	Thomas S. Head
STREET ADDRESS	3998 FAU BLVD, SUITE 307
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PAID
NAME	
STREET ADDRESS	JAN 22 2003
CITY-ST-ZIP	
TITLE	CK 1050
NAME	$150.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: _____ 22 Jan 2003 561-347-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #