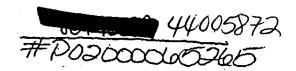
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/25

FILED Sep 15, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # P020 DEVELOPERS, INC.	0006	65265 Q				08-25-2003 900	095 019 *	***150.00
Principal Place of Business Mailing Addre 1566 GOLFSIDE VILLAGE BOULEVARD 1566 GOLFSIDE APOPKA FL 32712 APOPKA FL 32			GOLFSIDE VILLAGE I	SIDE VILLAGE BOULEVARD			44005872		
2. Principal F Suite, Apt.	Place of Business HPOPKA FLV #, etc.	4 150	illing Address 66 Go LF S 1 te, Apt. #, etc.	DE	VILLAGE	AL	CHECK HERE IF MAKIN	ig Change	s
City & Stat	KA FLA	City	City & State			4.	4. FEI Number 169 3059 Applied For Not Applicable		
Zip	Country ORANGE	ZipC		_Coun	Country		Certificate of Status Desired S8.75 Additional Fee Required		
	5Name and Address of Curre	nt Register	ed:Agent		Alomo	7.	Name and Address of New Registered		
COMITO, F. LOUIS					Name	-			
1566 GOL	FSIDE VILLAGE BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)				
apopka f	-L 32712				City		F	Zip Co	de
8. The above	named entity submits this statement	for the purp	oose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I an		n, and accept
the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	plicable. (NOTE	: Registered	d Agent signature require	ed when re	einstating) DATE	 _	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be and to Fees
10.	OFFICERS AND DIRECTORS			11.	11.		L DITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE NAMÉ	President Dekte		TITLE	1	Change		□ Addition S		
STREET ADDRESS	SAME AS ABOVE		STREE	et address St-zip				CBCE034 (403)	
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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.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									
	SIGNATURE AND TYPED OF	TPRINTED NAME	E OF SIGNING OFFICER OI	I DIRECTO	P		Cate	leytime Phone #	_

Attachment



1566 GOLFSIDE VILLAGE BOULEVARD APOPKA, FLORIDA 32712 407-886-8683 FAX 407-886-3070

FEIL # 16-1683059

FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

We formed this corporation this year.

I received this form recently. It is the *first and only* form from your Department. I did not receive the prior notice you mention.

I telephoned your office and was told to follow the instructions on the back page of this form that I received.

Accordingly, and per instructions, I am writing to confirm that I never received any prior notice and have enclosed the original fee of \$150. and the completed form.

I surely hope this will clear up the unfortunate matter. Thank you for your assistance.

-Sincerely yours,

F. Louis Comito, Owner/President