

Amended 2003  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078786

1. Entity Name

ST. SEBASTIAN DEVELOPMENT CORP.



FILED

03 SEP 12 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200023175172  
09/18/03--01063--008 \*\*\$1.25

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2. Principal Place of Business  
840 U.S. One

3. Mailing Address  
840 U.S. One

Suite, Apt. #, etc.  
Suite 320

Suite, Apt. #, etc.  
Suite 320

City & State  
North Palm Beach, Florida

City & State  
North Palm Beach, Florida

4. FEI Number 16-1655964

Applied For  
Not Applicable

Zip  
33408

Country  
US

Zip  
33408

Country  
US

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

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7. Name and Address of Current Registered Agent

Name Samuel C. Aurilio

Street Address (P.O. Box Number is Not Acceptable)

840 U.S. One, Suite 320

City North Palm Beach

FL

Zip Code  
33408

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

Samuel C. Aurilio, President

09/11/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE  
NAME Samuel C. Aurilio, P/S/T/D  
STREET ADDRESS 840 U.S. One, Suite 320  
CITY-ST-ZIP North Palm Beach, Florida 33408

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel C. Aurilio

09/11/03

(561) 627-5300

Date

Daytime Phone #

CR2E034B (12/02)