2003 FOR PROFIT CORPORATION

## Mar 06, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P02000079211 DOCUMENT # 02-21-2003 90838 023 \*\*\*150.00 1. Entity Name ROSEWOOD ROAD EAST DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 800 8TH ST. STE A 800 8TH ST. STE A VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business Mailing Address 850× 1779 -Uero-Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Beach Beach UW. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3296 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEACKEL BRACKETT, MARK A Street Address (P.O. Box Number is Not Acceptable) 800 8TH ST. STE A VERO BEACH FL 32962 City Zip Code 6. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR / BY ESIGETY Drector TITLE ☐ Delete TITLE CR2E034 (10/02) KEN PATEL NAME NAME A15 34th Ave 650 ANDRIY ST STREET ADDRESS STREET ADDRESS 32953 Vero Beach FL 32940 CITY-ST-ZIP CITY-ST-7IP TITLE DIRECTOR TITLE Delete Change (NAHEHDRA. KEN PATEL NAME NAME 650 ANDRIX ST STREET ADDRESS AA50 NO AIA. STREET ADDRESS FL 32953 CITY-ST-ZIP BEACH. FL: CITY-ST-ZIP TITLE Drectoe-MAHIENDRA POTT Change TITLE DANNY BRACKett NAME NAME 4450-40-1-1-1-STREET ADDRESS STREET ADDRESS VEROBEACK, Flo. 32963 CITY-ST-ZIP VLEO BRACK, FL 32966 CITY-ST-ZIP pirector TITLE ☐ Delete Danny Brackett TITLE NAME NAME 1425 43Rd Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRO BLAL, FL 32166 TITLE ☐ Oelete TILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 of 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 others like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-78P

SIGNATIW

FILED