FILED May 08, 2003 8:00 am

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	:55 H	KEPOK	<u> </u>	JBK	<u> </u>	Carrada - CC4 - 4	ŝ
DOCUMENT # P02000098247 1. Entity Name							Secretary of State 05-08-2003 90168 016 ***150.00	Ą
PALM CC	DAST HOMES & DEVELOPN	MENT CC	ORP.					
Principal Place of Business 1 FLORIDA PARK DRIVE. SOUTH SUITE 106 PALM COAST FL 32137 Mailing Address 1 FLORIDA PARK DRIVE. PALM COAST FL 32137			OUTH SUITE 106					
	Place of Business PALMCONT PKWY NOT	3. Mailing / 0 6	PA/m C	POAS	t. PK.a	<u>5</u>) HORINAAN INI MARINA HARIN BARIN BORIN BORIN BARIN RARIN RARIN DIRAK BUDIN RABIR NOON	
Suite, Apt.	#, etc.	<u> </u>	Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
	Coxet [-L.	PAIN COAst.			FL 4. FEI Number 5 9 36		FEI Number 3 5 176 Applied For Not Applicable	
2ip 32/37 Country 2			32/37 Countr			5.	Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
DEDLIAM	OUDTON D				Name	Bun	tow R. BEKMAN	
BERMAN, BURTON R 4835 BELLE TERRE PARKWAY, SUITE C-86							Box Number is Not Acceptable)	
PALM COAST FL 32164					10	6 P	Alm Coast MKW NE	
					City Palm Coast. FL 320063			
8. The above	named entity submits this statement for	r the purpose	of changing its	egistere	ed office or	registered a	agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent	T	× 70.				· ·	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicab	ole. (NOTE:	Registered	Acent signati	re required when	n reinstating) DATE	
4, 1,1	ILE NOW!!! FEE IS \$150.00							
After	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS		11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE	P/S · Delete		TITLE		P/=	☐ Change ☐ Addition 2), UZ)	
NAME ¹ STREET ADDRESS	BERMAN, BURTON R 4845 BELLE TERRE PARKWAY, SUITE C-86			NAMI STRE	ET ADDRESS	Bun	TOUT. BEXMAN	₹
CITY-ST-ZIP PALM COAST FL 32164			CITY	CITY-ST-ZIP		O PALM COAST PRWY NOT 41m COMET - FL 32/37	CHZEU34 (10/02)	
TITLE			Delete	TITLE			☐ Change ☐ Addition │ È	Š
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TITLE			☐ Delete	TITLE			☐ Change ☐ Addition	

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-ZIP

NAME

STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #