2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039058

1. Entity Name

SIGNATURE:

DE GUARDIOLA DEVELOPMENT, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90156 015 ***150.00

Principal Place of Business 1153 TOWN CENTER DR STE 202 JUPITER FL 33458 US		Mailing Address 1153 TOWN CENTER DR STE 202 JUPITER FL 33458 US						
2. Principal Place of Business		3. Mailing Address			- 	(1)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0412085 Applied For Not Applied For			
Zip Country		Zìp			5. Certificate of Sta	atus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register	ed Agent	
1153 TOV	ILA, GEORGE WN CENTER DRIVE		į	Street Address (PO. Blx Number is N	Guard ot Acceptable) Oter	iola ve	
STE 202	-)			Suit	e 202			
JUPITER	$-l_{1}/q_{1}$			City Jup	iter		Zip Coo	457
SIGNATURE	MU WWW. Signature, typed or printed name of registered agent	le_		ed office or register		the State of Florida. 1 a	am familiar with,	and accept
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				Trust Fur	Campaign Financing and Contribution.	∐ Added	00 May Be
TIÎLE	OFFICERS AND		11.		ADDITIONS/CHAN	NGES TO OFFICERS A	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DEGUARDIOLA, GEORGE 3500 N. FLAGLER DRIVE WEST PALM BEACH FL 33407	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	1.0.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS :			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	f address st-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	ADORESS IT-ZIP		: *	Change	
 I hereby c indicated of the corp changed, 	ertify that the information supplied with on this report or supplemented report s poration or the receiver or typitee earloo or on an attachment of the reporters, w	this filing does not qualify for true and accurate and that m wered to execute this reflort a rith all other ke empowered.	the exem ny signatu as require	ption stated in Sec re shall have the si d by Chapter 607,	ction 119.07(3)(i), Flori ame legal effect as if r Florida Statutes; and	ida Statutes. I further of made under oath; that that my name appears	ertify that the in I am an officer in Block 10 or	iformation : or director Block 11 if

UPED