2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 06, 2002 8:00 am Secretary of State P93000056055 DOCUMENT # 1. Entity Name 05-06-2002 90055 020 ***150.00 HAYDON-RUBIN DEVELOPMENT INC. Principal Place of Business Mailing Address 15201 ROOSEVELT BLVD. 15201 ROOSEVELT BLVD. SUITE 112 SUITE 112 CLEARWATER FL 33760 **CLEARWATER FL 33760** 2. Principal Place of Business 3. Mailing Address 15500 ROOSEVELT BLUD 15500 ROSEVELT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE 303 SUITE 303 Applied For City & State 4. FEI Number City & State 59-3201080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYDON, ROGERS K JR. Street Address (P.O. Box Number is Not Acceptable) 15201 ROOSEVELT BLVD. ROOSEVELT BLUD 15500 SUITE 112 Suite 303 **CLEARWATER FL 33760** Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) (X) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RUBIN, LESLIE A ROOSEVELT BLYD #303 15201 ROOSEVELT BLVD., STE. 112 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33760** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME HAYDON, ROGERS K JR. NAME STREET ADDRESS 15500 ROOSEVELT BLUD \$1303 STREET ADDRESS 15201 ROOSEVELT BLVD., STE. 112 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if

FILED