## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000087907 Apr 28, 2000 8:00 am Secretary of State PIER BRAVO DEVELOPMENT CORP. 04-28-2000 90054 044 \*\*\*150.00 Principal Place of Business Mailing Address 1000 MARKET ST 245 FRONT ST STE 102 BLDG 1 PORTSMOUTH NH 03801-3358 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 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 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. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE NAME WALSH, MARK NAME 1755 N. CONGRESS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYTON BEACH FL 33426** Addition Change TITLE Delete NAME WALSH, MICHAEL STREET ADDRESS 1755 N. CONGRESS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYTON BEACH FL 33426** Change Addition TITLE ☐ Delete TITLE NAME WALSH, WILLIAM NAME STREET ADDRESS STREET ADDRESS 1755 N. CONGRESS AVE. CITY-ST-ZIP CITY-ST-ZIP **BOYTON BEACH FL 33426** ☐ Addition Delete ☐ Change TITLE TITLE MCMURRAIN, THOMAS T NAME NAME STREET ADDRESS STREET ADDRESS 1755 N. CONGRESS AVE. CITY-ST-ZIP CITY-ST-7IP **BOYTON BEACH FL 33426** Change Addition ☐ Delete TITLE TITLE CRITCHFIELD, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS 1755 N. CONGRESS AVE. CITY-ST-ZIP CITY-ST-ZIP **BOYTON BEACH FL 33426** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00

(561)279-9900

Daytime Phone #