2002 UNIFORM BUSINESS REPORT (UBR)

Sep 16, 2002 8:00 am Secretary of State P94000046385 DOCUMENT # 1. Entity Name 09-16-2002 90142 001 *****8.75 J.W. ROLLE DEVELOPMENT CORPORATION 09-16-2002 90142 002 ***550.00 Mailing Address Principal Place of Business 1151 S. PARK RD., STE. 210 1151 S. PARK RD., STE. 210 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 U\$ HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0504524 Not Applicable \$8.75 Additional Country Zip _Country , Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLLE, JAMES W Street Address (P.O. Box Number is Not Acceptable) 1151 S. PARK RD., STE. 210 HOLLYWOOD FL 33021 Zip Code City 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. 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) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 12. 11. SECRETARY PAUL JAMES CARMICHAEL Change TITLE ☐ Delete TITLE 7401 RAMONA ST NAME ROLLE, JULIA M NAME STREET ADDRESS STREET ADDRESS 1151 S. PARK RD., STE. 210 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition Delete TITLE TITLE NAME ROLLE, JAMES W NAME STREET ADDRESS 1151 S. PARK RD., STE. 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" HOLLYWOOD FL 33021 Change 💢 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

W. ROLLE 9-10-02 (954)295-8482

FILED