FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State **DOCUMENT #** P94000056465 1. Entity Name 05-12-2002 90682 001 ***600.00 CRIMI DEVELOPMENT COMPANY Principal Place of Business Mailing Address 5925 SE ABSHIER BLVD -5925 SE ABSHIER-BLVD **DELLEVIEW FL 9442**0 BELLEVIEW FL-34420 2. Principal Place of Business 3. Mailing Address 10762 5 0762 S. US Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3266402 e view Not Applicable 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 CRIMI, MICHAEL JR Street Address (P.O. Box Number is Not Acceptable) 5925 SE ABSHIER BLVD **BELLEVIEW FL 34420** City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Change ☐ Addition NAME CRIMI, MICHAEL JR. 10762 5, US HWY 441 STREET ADDRESS 5025-SE ABSHIER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 BELLEVIEW, FL 34420 TITLE ☐ Delete TITLE DIRECTOR ☐ Change Addition NAME NAME DEANNA CRIMI 10762 S. US HWY 441 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BELLEYIEW. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIF

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