2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am[§] Secretary of State DOCUMENT # P95000062332 05-18-2001 91298 001 ***300.00 DOMINION DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 330 HWY A1A NORTH P O BXO 2105 SUITE 324 PONTE VEDRA BEACH FL 32004 72680 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number plied For 59-3331313 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 BRANT, MCORE SAPP, MACDONALD & WELLS, P.A. Street Address (P.O. Box Number is Not Acceptable) **50 NORTH LAURA STREET SUITE 3100** JACKSONVILLE FL 32202 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE KASHOU, JOHN NAME NAME STREET ADDRESS 330 HWY A1A NORTH #324 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE Change ☐ Addition KASHOU, JAMES NAME NAME STREET ADDRESS 330 HIGHWAY A1A NORTH #324 STREET ADDRESS CITY- ST- 7/P PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP **AVP** TITLE ☐ Delete TITLE Change Addition KASHOU, BRAHIM J NAME NAME STREET ADDRESS 330 HIGHWAY A1A NORTH #324 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

104.281.0150

FILED