2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600001554 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** CARLYLE DEVELOPMENT COMPANY 01-27-2000 90010 033 ***150.00 Principal Place of Business Mailing Address 8000 HIGHWAY ATA 8000 HIGHWAY ATA VERO BEACH FL 32963-4216 VERO BEACH FL 32963-4216 HS 2. Principal Place of Business 3. Mailing Address 7777 N. A1A 7777 N. A1A DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0632248 Not Applicable Vero Beach, Florida Vero Beach, Florida Zip Country \$8.75 Additional 5. Certificate of Status Desired 32963-4216 32963-4216 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Philippe Jeck, Esquire PHILIPPE, JACK ESO Street Address (P.O. Box Number is Not Acceptable) c/o Jeck, Harris & Jones, LI C/O JECK, HARRIS & JONES, LLP 1061 E. INDIANTOWN RD., STE 400 1061 E. Indiantown Road, Suite 400 JUPITER FL 33477 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statema Signature, typed or printed name of registered gent 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, 2000 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 12. 11. PTSD ☐ Delete PTSD **KX**Change Addition TITLE TITLE SIMPSON, R. MASON NAME Simpson, R. Mason NAME 25 SADDLEBACK RD. STREET ADDRESS 1736 Ocean Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** Vero Beach, Florida 32963 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . 🗌 Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

(561)231-3131

☐ Change

☐ Addition