2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2002 8:00 am P96000005330 DOCUMENT # Secretary of State 1. Entity Name 01-31-2002 90085 003 ***150.00 FLORIDA CRACKERS DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1547 FLORIDA MANGO RD. NORTH P.O. BOX 15454 BLDG. 11, UNIT 2 WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 7844 P.O. BOX CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0635426 ALM BEACH GARDENS W. P. B. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOONAN JAMES MOORE, JAMES B Street Address (P.O. Box Number is Not Acceptable) 1547 FLORIDA MANGO RD. NORTH 1544 CT. N. BLDG. 11, UNIT 2 7844 WEST PALM BEACH FL 33409 CityPALM BEACH GARDENS 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. STD PVSTO TULE ☐ Delete TITLE JAMES M. NOONAN 1844 154 M COURT N. NOONAN, JAMES M NAME NAME 1170 NW 8TH CT STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS - FL. - 33 418 CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP Delete TITLE ☐ Addition MOORE, JAMES B NAME NAME 3410 EMBASSY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

EMEQUIREJAMES NOONAY

PRESIDENT

Daytime Phone #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: