2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P9600005798 1. Entity Name 🦠 SOUTHLAND DEVELOPMENT CORPORATION 04-24-2000 90042 008 ***150.00 Principal Place of Business Mailing Address 221 GLENGARRY AVENUE 221 GLENGARRY AVENUE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-3150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3356191 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALLIS, MICHAEL M. M Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN AVENUE **MELBOURNE FL 32901** 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. SIGNATURE Signature, typed or printed name of registered agent 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE PREFONTAINE: HENRI NAME NAME STREET ADDRESS 221 GLENGARRY AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL 32951 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE PREFONTAINE, JENNIE A NAME NAME 221 GLENGARRY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** ☐ Change ☐ Addition ☐ Delete TITLE PREFONTAINE; RICHARD NAME NAME 221 GLENGARRY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99