	JMENT	# P9600004)	FILED May 21, 2001 8:00 am Secretary of State							
3838 Tam Naples,	by Develop iami Trail Florida-34 *.	ment Group, Inc. North, 3rd Floor 103	/				05-21-2001 9035				
Principal Place of Business Mailing Address											
3838 Tam Naples,	iami Trail Florida 34	North, 3rd Floor	Joseph E. Willoughby 14520 Dory Lane Fort Myers, Florida 33908			į.	· Secondary				
3838 Tami	iami Trail	ness nnifer L. Whitelaw North	3. Mailing Address 14520 Dory Lane								
Suite, Apt Third	t. #, etc. Floor		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta			City & State				4. FEI Number Applied For				
Naples, Florida Zip Country			Fort Myers, Florida Zip	ntry	650675296 Not Applicable				4		
34103			33908	·	Fee Required						
6. Name and Address of Current Registered Agent					Name	7. 1	Name and Address of New Regis	tered Ag	ent		┤_
Jennifer L. Whitelaw Law Offices of Jennifer L. Whitelaw 3838 Tamiami Trail North, Suite 310 Naples, Florida 34103					Street Add	ress (P.O. E	ess (P.O. Box Number is Not Acceptable)				
			,		City	143		FL	Zip Cod	de	-
8. The above	e named entity	y submits this statement for	the purpose of changing its	registere	ed office or re	gistered ag	ent, or both, in the State of Florida		L		1
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature r	equired when re	einstating)	DATE		_	
Tax filing i	oration is eligi requirement a ria on back)	After MAY 1, 200	NOWI!! FEE IS \$150.00 ' 1, 2001 Fee will be \$550.00 Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.		OFFICERS AND D	IRECTORS	12.		AD	I. DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11	┧_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Joseph E. Willoughby		Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[_ Change	☐ Addition	CR2E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joni M. Willoughby		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	III .					Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	11				C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	11	T ADDRESS ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	III .	T ADORESS ST-ZIP	-] Change	Addition	
13. I hereby c indicated of the corp	ertify that the on this report poration or the	information supplied with the or supplemental report is the receiver or trustee empowers	is filing does not qualify for t ue and accurate and that my ered to execute this report a	the exem	ption stated in the shall have and by Chanter	n Section 1 the same le	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; t a Statutes: and that my name and	er certify	that the in	formation or director	1

SIGNATURE: 1

A 4-5-01