2003 FOR PROFIT CORPORATION

UN	IFOR	M BUSIN	IESS REF	PORT	(UBR))	Apr	25, 200	3 8:00	am
DOCUMENT # P9600054365 1. Entity Name							Secretary of State 04-25-2003 90212 018 ***150.00			
•		DEVELOPMENT	CORPORATION				.	25 2003 70212	130.0	,,
Principal Place 623 MISTY POI BRADENTON F US	ND CT	is .	Mailing Address PO BOX 2485 SARASOTA FL 34230 US							
2. Principal Pl		1	3. Mailing Addre	ess	·			18 8222 8022 8022 8022 8022 48		
Suite, Apt.		rbank Terrac	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	enton.	Elorida	City & State			4.	FEI Number 65	-0678860	<u> </u>	plied For t Applicable
Zip 34212		Country U.S.A.	Zip	Zip C		5.	5. Certificate of Status Desired See Required			
	6. Name	and Address of Curre	ent Registered Agent			7.	Name and Addre	ss of New Registere	ed Agent	
EPPARD, WALT 623 MISTY POND CT BRADENTON FL 34202						Street Address (P.O. Box Number is Not Acceptable) 10807 Riverbank Terrace				
•					City	radent			Zip Code	2/2
	ions of regis	ty submits this statement tered agent. Only the printed name of years eggl agents.	and	·	stered office or			e State of Florida. I a	ım familiar with,	
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department	t of State					Campaign Financing d Contribution.		May Be to Fees
10.	0,00	OFFICERS AN	ND DIRECTORS		11.	Al	DDITIONS/CHAN	GES TO OFFICERS A		
NAME STREET ADDRESS		Walt / Pond Ct On Fl 34202	□ 0		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10807 Brade		k Terrace - 34212	⊠ Change	Addition Addition
NAME STREET ADDRESS		RENEE Y POND CT ON FL 34202	O		TITLE NAME STREET ADDRESS CITY_ST_ZIP			ank Terrac 34212	Change	Addition .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D _i	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. I hereby ce indicated of the corp changed, o	on this repor poration or th or on an atta	e information supplied w rt or supplemental repor ne receiver or trustee en achment with an address	with this filing does not to true and accurate a powered to execute the with all other rice em	qualify for the eand that my signis report as repowered.	exemption state gnature shall he quired by Cha	ed in Section ave the same oter 607, Flor	legal effect as if n ida Statutes; and t	da Statutes. I further chade under oath; that that my name appear	certify that the in I I am an officer s in Block 10 or	formation or director Block 11 if

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #