1. Entity Name

CKT DEVELOPMENT CO.

DOCUMENT # P96000061719

## FILED Aug 22, 2000 8:00 am Secretary of State

08-22-2000 90220 003 \*\*\*550.00 Principal Place of Business Mailing Address 201 E KENNEDY BLVD 201 E KENNEDY BLVD **SUITE 1400 SUITE 1400 TAMPA FL 33602 TAMPA FL 33602** US US 2. Principal Place of Business 3. Mailing Address 201 E, Kennedy Blod. 201 E. Kennedy Blod. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 950 950 Suite 4. FEI Number Applied For City & State City & State 59-3392439 Tampa, Not Applicable Zip;∕ Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 33607 Fee Required - - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent laylor RODGERS, BRUCE M (P.O. Box Number is Not Acceptable) 100 N. TAMPA STREET **SUITE 2700 TAMPA FL 33602** 3603  $\infty$   $\infty$ 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 \$550.00 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. Atter SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** Change TITLE Delete TITLE CINDY KNOTT TAYLOR TAYLOR, CINDY K NAME NAME 201 E. KENNEDY BLUD., SUITE 950 2413 BAYSHORE BLVD. STE 904 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME 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.

**SIGNATURE:**