2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098983

9/12/00-90234-025-\$158.75-\$158.75

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| SIZ-DE\ | VELOPMENT, INC. | | | | / | | | | | | | |
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| Principal Place of Business | | | Mailing Address | | | (| \mathcal{L}_{-} | SECRETA | DY OF | STATE | | |
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| - ==== | 1 | | | | _Name.; | | | | | · · · · | • | 1 |
| GART, DAVID A , c/o Shutts 250 AUSTRALIAN AVENUE, SOUTH | | | & Bowen | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | 1 |
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| | ST PALM BEACH FL 3340 |) 1 | | | | | | | | | | 1 |
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| 8. The above | named entity submits this sta | atement for th | e ourpose of changing it | s register | ed office of | registered ac | ent, or both. | in the State of | Florida. | | | 1 |
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| SIGNATURE. | | | . <u></u> | | | | | | | | | |
| | Signature, typed or printed name of regis | | | | | | | | | | | |
| | Signature, typing or primary rights or regar | ISSERBO BORNY BING (| itte el applicable (NO | TE: Pagistare | d Agent signatu | recruired when o | sinstating) | | DATE | _ | | |
| 9. This corpo | oration is eligible to satisfy its I | | FILE NOW | III FEE | IS \$550.0 | 00 | T | ion Campaign (| | | On May De | |
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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:



September 28, 2000

Attn: Ms. Ashton Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

Siz-Development, Inc.

Document Number:

P96000098983

Dear Madam/Sir:

Enclosed please find the 2000 Uniform Business Report for the above referenced entity.

The original form for this entity was never received from the Florida Department of State, Division of Corporations.

When this document was not received, I contacted your office and was advised to request a blank form. The form was requested and was in the process of being prepared when the enclosed preprinted form was received. This preprinted form has been duly executed.

Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

Due to the fact that the original form was not delivered to our office and there was a delay in obtaining new forms, I would request that you waive any penalties and allow this form to be filed with the original filing fees presented.

Your assistance and cooperation in this matter would be greatly appreciated. If you have any questions, please do not hesitate to call.

With kind regards, I remain

Very truly yours,

John F. McDonald, III

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General Counsel

JFMII/at

Enclosures

CERTIFIED MAIL #: P943705143

AREA CODE 504 - 471-6200

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596