2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2002 8:00 am § Secretary of State DOCUMENT # P97000006909 1. Entity Name 05-22-2002 90074 003 ***150.00 1031 DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1015 OVERSEAS HIGHWAY 18288-181 CIRCLE, SOUTH ≈<u>Ո</u>Մ [ԾԾԾ3Ծ KEY_LARGO_FL BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0822834 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENS, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 18288-181 CIRCLE SOUTH **BOCA RATON FL 33498** City Zip Code 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) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150,00 10 Election Campaign Financing **_\$5.00**-мау <u>Ве</u> Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME STEPHENS, CAROLYN NAME STREET ADDRESS 18288 181 CIRCLE S. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TiTt F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLÉ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED