2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000023465 May 19, 2000 8:00 am Secretary of State C.R. DEVELOPMENT, INC. 05-19-2000 90035 018 ***150.00 Principal Place of Business Mailing Address 4293 2ND STREET 1230-2ND-STREET SARASOTA FL 34236 SARASOTA FL 34236-5506 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 65-0751527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ARASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTENSTINE, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. **SUITE 1100** SARASOTA FL 34236 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE CHAPLIN, LEE H NAME 849 SIESTA KEY CIR STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete RUSSELL STEPHEN D. 107 S. OSPREY AVE, STE 200 SARASOTA, FL. 34236 RUSSELL, STEPHEN D NAME NAME 1233 2ND STREET STREET ADDRESS STREET ADDRESS Sarasota fl 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #