2002 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P17000035229 1. Entity Name Qualico Development, Inc. 05-07-2002 90224 045 ***150.00 Principal Place of Business Mailing Address 2500 Stillwater Court 2500 Stillwater Court Palm Harbor, FL 34684 Palm Harbor, FL 34684 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 59-3450144 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 Richard Traynor Joseph L. Szucs 2984 Westcott Drive Sign Address (P.O. Box Number is Not Acceptable) Palm Harbor, FL City Palm Harbor Zip C89 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 ! (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!L FEE IS \$150.00 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. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P/S/T/D Delete TITLE ☐ Addition Change Joseph L. Szucs NAME STREET ADDRESS 2984 Westcott Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Palm Harbor, FL TITLE P/D ☐ Delete TITLE Change ☐ Addition NAME Richard Traynor STREET ADDRESS STREET ADDRESS 2500 Stillwater Court CITY-ST-ZIP Palm Harbor, FL CITY-ST-ZIP TITLE S/T/D ☐ Delete ☐ Change ☐ Addition NAME NAME Adrian Jenkins STREET ADDRESS 12814 Harbor Wood Drive STREET ADDRESS CITY-ST-7IP Largo, FL 33774 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

☐ Delete

4/26/02 727 787 33 TG
Date Date Davime Phone *

☐ Addition

☐ Change