2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P97000061531 DOCUMENT # 1. Entity Name 04-17-2002 90137 028 ***150 LANTANA DEVELOPMENT OF BREVARD, INC. Mailing Address Principal Place of Business P.O. BOX 320637 P.O. BOX 320637 BUD62355 COCOA BEACH FL 32932-0637 COCOA BEACH FL 32932-0637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3504857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLASS, GREGORY W Street Address (P.O. Box Number is Not Acceptable) 1800 WEST HIBISCUS BLVD SUTTE 138 **MELBOURNE FL 32901** Zip Code City 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) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE Change TITLE NAME KODSI, MAURICE NAME STREET ADDRESS 925 N COURTENAY PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME KODSI, ROBERT STREET ADDRESS STREET ADDRESS PO BOX 320637 CITY-ST-ZIP CITY-ST-7IP COCOA BEACH FL 32931 ☐ Change ☐ Addition Delete TITLE TITLE D NAME NAME KODSI, MICHAEL STREET ADDRESS STREET ADDRESS PO BOX 320637 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

Maurice Knodsi 4/5/02 321453.536

FILED