2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062284

1. Entity Name
PETRA DEVELOPMENT, CORP.

Principal Place of Business	Mailing Address
1827 TRADE CENTER WAY #3	1827 TRADE CENTER WAY #3
NAPLES FL 34109	NAPLES FL 34109

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2100 Trade Center Way
Suite, Apt. #, etc. — Suite D
City & State — Naples FL
Zip — 34109   Country — USA

3. Mailing Address
2100 Trade Center Way
Suite, Apt. #, etc. — Suite D
City & State — Naples FL
Zip — 34109   Country — USA

4. FEI Number 65-0772038   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSUMANO, PATSY
1827 TRADE CENTER WAY #3
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) — 2100 Trade Center Way, #D
City — Naples   FL   Zip Code — 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ PATSY MUSUMANO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 4/29/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D** NAME MUSUMANO, PATSY STREET ADDRESS 1827 TRADE CENTER WAY 3 CITY-ST-ZIP NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS 2100 Trade Center Way, #D CITY-ST-ZIP Naples, FL 34109	☒ Change ☐ Addition
TITLE **D** NAME MUSUMANO, DONNA M STREET ADDRESS 1827 TRADE CENTER WAY 3 CITY-ST-ZIP NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS 2100 Trade Center Way, #D CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   4/29/03
Signature and typed or printed name of signing officer or director — PATSY MUSUMANO
Date   Daytime Phone #