2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P97000102270 CARLTON DEVELOPMENT COMPANY 01-31-2001 90034 044 ***150.00 Principal Place of Business Mailing Address 7777 NORTH AIA 7777 NORTH AIA VERO BEACH FL 32963-4216 VERO BEACH FL 32963-4216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0807396 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JECK. PHILIPPE ESQ Street Address (P.O. Box Number is Not Acceptable) C/O JECK, HARRIS & JONES LLP 1601 E. INDIANTOWN RD-#400 JUPITER ISLAND FL 33477 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SIMPSON, R. MASON NAME NAME 1736 OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change BRITTAIN, ROSE ANN NAME NAME STREET ADDRESS 8445 CHINABERRY ROAD STREET ADDRESS 664 Tulip Lane VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Vero Beach, Florida ☐ Addition ☐ Delete TITLE ☐ Change TITLE SIMPSON, CHERYL R NAME NAME STREET ADDRESS 1736 OCEAN DRIVE STREET ADDRESS VERO BEACH FL 32963 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 ☐ Delete TITLE TITLE NAME NAME

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 amount of the provided in the corporation of the receiver or trustee empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OF DIES

☐ Delete

01/0//2001

(561) 231-3131

☐ Addition

Daytime Phone #

☐ Change