

2000 UNIFORM BUSINESS REPORT (UBR) \$300.00

DOCUMENT # P97000107354(7)
 i. Entity Name Palm Springs Developers Inc.

FILED
 00 JUL -5 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2522 Lake Ellen Lane 2522 Lake Ellen Lane
 Tampa FL 33618 Tampa FL 33648

2. Principal Place of Business 3. Mailing Address
 P.O. Box 14493 P.O. Box 14493
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Tampa FL Tampa FL
 City & State City & State
 Tampa FL Tampa FL
 Zip 33690 Country U.S.A Zip 33690 Country U.S.A

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Gregory F. Boyer
 2522 Lake Ellen Lane
 Tampa FL 33618

7. Name and Address of New Registered Agent
 Name Gregory F. Boyer
 Street Address (P.O. Box Number is Not Acceptable) 3017 W. Bayview Ave Suite A
 City Tampa FL Zip Code 33611

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 Gregory F. Boyer Gregory F. Boyer June 23 2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D Ross Scapelliti P.O. Box 14493 Tampa FL 33690	<input type="checkbox"/>			
		<input type="checkbox"/>			
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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: Ross Scapelliti June 23 2000 813-962-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)