2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108347 Aug 08, 2000 8:00 am Secretary of State VILLAS BY THE SEA DEVELOPMENT, INC. 08-08-2000 90013 013 ***550.00 Principal Place of Business Mailing Address 8085 N ATLANTIC AVE 8085 N ATLANTIC AVE CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOILEAU. JOHN L Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE, BLDG C COCOA FL 32922 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Mln. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition TITLE ☐ Delete TITLE NAME NAME RUMBLE, GEORGE STREET ADDRESS STREET ADDRESS 8085 N ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Change ☐ Addition Delete TITLE NAME FISHER, KAREN R NAME STREET ADDRESS STREET ADDRESS 8085 N ATLANTIC AVE CITY-ST-ZIE CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Addition ☐ Change 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 ☐ Addition Change ☐ 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

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 are equired 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

July 24/0

905-842-5595

Daytime Phone #