0391467		State of the state
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2002 UNIFORM BUSINESS REPORT (UBR)				R)	FILED Ion 14 2002 8:00 om					
DOCU 1. Entity Nam	CUMENT # P9800001016				Jan 14, 2002 8:00 am Secretary of State					
		TY AND DEVE	LOPMENT INC.		,	01-14-2002 9000	4 010 ***	150.00		
1311 SOUTH	al Place of Business Mailing Address SOUTH PALM WAY WORTH FL 33460 LAKE WORTH FL 33460				A COMPANY OF THE STATE AND THE STATE AND THE	. ~ CM OM RI	I4 1 614 8013 4	HIRIO OEH K e ol		
2. Principal Place of Bysiness 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 431 Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
hake	Wully 1	7	KARLE WOST	ETT						_
City & State	e . /		City & State		4.	FEI Number 65-0827315			plied For t Applicable	$\frac{1}{2}$
3344	OD Pela	Bach	3346D	Palm Bch	5.	Certificate of Status Desired		.75 Add e Required		
	6. Name and A	ddress of Current Re	egistered Agent	Name	7.	Name and Address of New Rec	sistered Age	nt		}
CHADDE LODETTA		Idrana (P.O. I	Box Number is Not Acceptable)				-			
1311 SOUTH PALM WAY		- Sileer At	adress (r.O. t					1		
LAKE WORTH FL 33460										
S		City	FL			Zip Code				
8. The above	named entity submi	ts this statement for t	he purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florid	da.]
SIGNATURE.										
	Signature, typed or printed	name of registered agent and	d title if applicable. (NOTE	Registered Agent signatu	re required when re	einstating)	DATE			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 Make Check Payable t			50.00							
11.	OFFICERS AND DIRECTORS		12.	AC	DITIONS/CHANGES TO OFFIC				1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, LORE 1311 SOUTH PA LAKE WORTH F	ALM WAY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			L] Change	☐ Addition	70,0, 400,00
TITLE			☐ Delete	TITLE				Change	Addition	15
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CITY-ST-ZIP				CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
TITLE			□ Delete	TITLE] Change	Addition	1
	i			_ !				-	_	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

01/05/02

561-8181277

Change

Addition

CR2E034 (9/01)