FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90085 011 ***150.00

DOCUMENT # P98000005904

1. Entity Name
MFT DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 Quantum Lakes Drive	2500 Quantum Lakes Drive
Suite, Apt. # etc Ste #101	Suite, Apt. #, etc Ste #101
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33426 / Country USA	Zip 33426 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0810636
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID B. NORRIS

Street Address (P.O. Box Number is Not Acceptable)
712 U.S. Highway One, Ste 400

City
North Palm Beach, FL Zip Code 33408

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) (Required when changing registered agent)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Douglas MacDonald 2500 Quantum Lakes Dr. #101 Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Douglas MacDonald 561/740-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)