FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90240 016 ***150.00

DOCUMENT # P98000007611

1. Entity Name
C & L DEVELOPMENT COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3 W. GARDEN ST	PO BOX 988
Suite, Apt. #, etc.: SUITE 318	Suite, Apt. #, etc.:
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32501 Country: USA	Zip: 32591 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3539347 ☐ 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: LOUIS I. KAHN
Street Address (P.O. Box Number is Not Acceptable): 3 W. GARDEN ST
SUITE 318
City: PENSACOLA FL Zip Code: 32501

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: LOUIS I KAHN 4/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) Date

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 D NAME LOUIS I KAHN STREET ADDRESS 3 W GARDEN ST, SUITE 318 CITY-ST-ZIP PENSACOLA, FL 32501	
TITLE D NAME CAROL L. PARKER STREET ADDRESS 3 W. GARDEN ST, SUITE 318 CITY-ST-ZIP PENSACOLA FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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: LOUIS I KAHN 4/30/02 850 432 2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #