FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90036 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025569

1. Entity Name

FIFTH/FOURTH DEVELOPMENT CORP.

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851488

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	2. Principal Place of Business	3. Mailing Address
Street	365 5TH AVENUE SOUTH	365 5TH AVENUE SOUTH
Suite, Apt. #, etc.	SUITE 201	SUITE 201
City & State	NAPLES, FL	NAPLES, FL
Zip	34102	34102
Country	USA	USA

4. FEI Number 65-0821595 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GRANT RICHARD C.

Street Address (P.O. Box Number is Not Acceptable): 5551 RIDGEWOOD DR, SUITE 501

City: NAPLES FL Zip Code: 34108

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 ______________________________
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) ☐

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	P	TITLE	
NAME	PEARSELLO, ROBERT L	NAME	
STREET ADDRESS	2606 S HORSESHOE DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PEZESHKAN, F F	NAME	
STREET ADDRESS	2606 S HORSESHOE DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	CITY-ST-ZIP	
TITLE	DPS	TITLE	
NAME	ANTARAMIAN, JACK J	NAME	
STREET ADDRESS	365 5th AVE SOUTH, SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	NASSIF DAVID E	NAME	
STREET ADDRESS	195 WORCESTER ST - SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 02481	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] JACK ANTARAMIAN 4/23/02 239-434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034E (12/01)