2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000034212 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** PALMCO DEVELOPMENT, INC. 03-14-2000 90008 004 ***150.00 Mailing Address Principal Place of Business 63-RIVERS EDGE LANE 52 RIVERS EDGE TANE PALM COAST FL 32137 PALM COAST FL 32137-4506 ITIELINTSTONE CT. ITELINISTONE CI 3. Mailing Address 2. Principal Place of Business 17 FLINTSTONE PRCINTSIONE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number NOT APPLICABLE Cooss plus Com Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32137 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **NETTS, JONATHAN** 53 RIVERS EDGE LANE 17 FLINTS TOLE PALM COAST FL 32137 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 title if applicable. (NOTE: Registered Ag ature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ■ Addition ☐ Delete TITLE BRES . WETTS, JONATHAN S NAME NAME JONABLAN S. STREET ADDRESS STREET ADDRESS 53 RIVERS EDGE LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 → Change ☐ Addition ☐ Delete TITLE TITLE EDOER, DONNED EDOCK, DONALD J NAME 31 ROINTRES PI. STREET ADDRESS STREET ADDRESS 74 BERSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Change ☐ Addition Delete TITLE TITLE HINTON RREIT NAME NAME STREET ADDRESS STREET ADDRESS 19-ROBINHOOD LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST-FL 32164 -☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition 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 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 the information indicated on 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 the information indicated on 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TARES TOMATHON S. NOTTS 3/4/10