2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P98000034212 1. Entity Name PALMCO DEVELOPMENT, INC. 01-23-2001 90043 047 ***150.00 Principal Place of Business Mailing Address 17 FLINTSTONE COURT 17 FUNTSTONE COURT PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name NETTS, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 17 FLINTSTONE COURT PALM COAST FL 32137 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE WETTS, JONATHAN S NAME NETTS NAME STREET ADDRESS 17 FUNTSTONE COURT STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP VP TITLE ☐ Delete TITLE EDDER, DONALD J NAME NAME 31 RAINTREE PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP TITLE Addition Change LINTON, BRETT NAME NAME 19 ROBINHOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 all other rempowered.

1/5/01

FICER OR DIRECTOR