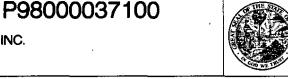
FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90460 001 ***450.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name A TO Z DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

8257 CAUSEV TAMPA FL 33	VAY BOULEVAR 1619		8257 CAUSEWAY BOULEVARD TAMPA FL 33619					1 1881 1881 118 1814 1814 8814 8814 8		(1 1 1 1 1 1 1 1 1 1 1	1111 1111 1111
2. Principal Place of Business			3. Mailing Address								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				- 4	4. FEI Number 50 0500000 Applied For			
							"	59-3506906		——	lot Applicable
Zip	Country		Zip	Zip Count		try	5.	Certificate of Status Desired	S8.75 Additional Fee Required		
	6. Name a	and Address of Current	Registere	d Agent			7.	Name and Address of New Reg	stered Ag	ent	
A						Name					
SUNDIN,			Street Addres			dress (P.O. I	Box Number is Not Acceptable)				
335 SOUTH PLUMOSA STREET								_ 			
SUITE A											ŀ
MERRITT ISLAND FL 32952						City			FL	Zip Cod	de
8 The above	named entity	submits this statement for	r the purpo	nse of changing its	registere	ed office or re	egistered a	gent, or both, in the State of Florid		niliar with	and accept
	tions of register		i ille puipe	ose of changing its	registere	ad diffice of re	egistered at	gent, or both, in the state of florid	a. ramiai	TITICAL WILLI	, and accept
		Bm II							411	0/03	}
SIGNATURE	Signature, typed of	printed name of registered agent a	and title if appli	cable. (NOTE	: Registere	d Agent signature	required when	reinstating)	DATE	_/	
	II É NOWIII	FEE IS \$150.00									
Afte	r May 1, 2003	3 Fee will be \$550.00	بني			-, -		9Election Campaign Finan	cing.∽æ □	\$5.0	00 May Be
		Florida Department of	State					Trust Fund Contribution.	Ш	Adde	ed to Fees
10.		OFFICERS AND	DIRECTOR	RS	11.		Al	DDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	7S IN 11
TITLE	D			☐ Delete	TITLE				[Change	Addition
NAME		CZ, GARY M			NAM	[].					
STREET ADDRESS		EWAY BOULEVARD			STRE	ET ADDRESS					
CITY-ST-ZIP	TAMPA FL	33619			CITY	·ST-ZIP					
TITLE				Delete	TITLE				[Change	☐ Addition
NAME					NAM						
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NAME					NAM						}
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CITY-ST-ZIP					- CHY	STEZIP				<u> </u>	<u> </u>
TITLE	[Delete	TITLE				Ε	☐ Change	☐ Addition
NAME					NAME						
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	I				CIIY-	ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #