2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069151

1. Entity Name
PENNSYLVANIA PLACE DEVELOPMENT, INC.

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90220 028 ***150.00

Principal Place of Business	Mailing Address
3100 CLAY AVE., STE. 275	3100 CLAY AVE., STE. 275
ORLANDO FL 32804	ORLANDO FL 32804

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **59-3526181** — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
F & L CORP. THE GREENLEAF BLDG., THIRD FLOOR 200 LAURA STREET JACKSONVILLE FL 32201-0240	Name — Street Address (P.O. Box Number is Not Acceptable) — City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State		**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KRAMER, STUART		NAME			
STREET ADDRESS	3100 CLAY AVE STE 275		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP			
TITLE	VS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HAMMER, DWAYNE		NAME			
STREET ADDRESS	3100 CLAY AVE STE 275		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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			

CR2E034 (10/02)

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: _Stuart Kramer_   STUART KRAMER   4/14/03   (407) 896-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #