2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am & Secretary of State **DOCUMENT #** P98000069429 1. Entity Name CANDLER ROAD DEVELOPMENT CORPORATION 05-17-2002 90014 011 ***150.00 Principal Place of Business Mailing Address 2152 14TH CIRCLE NORTH 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 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 59-3527390 Not Applicable Zip Country Zip 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 SCHERER, CLARK H III Street Address (P.O. Box Number is Not Acceptable) 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Jax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 17. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHERER, CLARK H III NAME STREET ADDRESS 2152 14TH CIRCLE NORTH STREET ADDRESS CITY-ST-7IP ST. PETERSBURG FL 33713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AGUIRRE, FRED C NAME STREET ADDRESS 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS CITY-ST-ZIP Alpharetta ga 30004" CITY-ST-ZIP 1 TITLE ☐ Delete TITLE ☐ Addition NAME SERTICH, LARRY NAME STREET ADDRESS 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 like empowered. ddress, with all other like empowered

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SIGNATURE:

CITY-ST-ZIP

ificate dequired ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)