## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000078158 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name PILLAR DEVELOPMENT, INC. 04-10-2000 90080 004 \*\*\*150.00 Mailing Address Principal Place of Business 5400 SOUTH UNIVERSITY DRIVE 5400 SOUTH UNIVERSITY DRIVE SUITE 101 SUITE 101 DAVIE FL 33328 DAVIE FL 33328-5300 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-087 1208 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, JAY Street Address (P.O. Box Number is Not Acceptable) 18951 SW 51 MANOR FT LAUDERDALE FL 33332 City 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. 11. **VPS** Addition Delete Change TITLE ALEXANDER, BRYAN NAME STREET ADDRESS 11899 NW 31 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33065 P.VP. S.T PT Change ☐ Addition TITLE ☐ Delete TITLE EVANS, JAY EVANS, JAY NAME NAME 18951 SW 51 MANOR 18951 SW 51 MANOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL. 33332 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 like empowered SIGNATURE: