2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # **P98000098137** 1. Entity Name GLOBAL DEVELOPER AND CONSTRUCTION, INC. 05-02-2000 90037 007 ***150.00 Mailing Address Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY 1801 SOUTH FEDERAL HIGHWAY **SUITE 223 SUITE 223** DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-3334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4 FFI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATYNSKI, GARY P Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH FEDERAL HIGHWAY **SUITE 223 DELRAY BEACH FL 33483** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change PTD ☐ Delete TITLE TITLE NAME CRUZ, ANGEL NAME STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition Delete TITLE 1 RAUSH; DUANE NAME NAME STREET ADDRESS STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME LILL, ALLEN A STREET ADDRESS STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 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 expowered.

SIGNATURE: