FILED Mar 28, 2001 8:00 am Secretary of State

03-28-2001 90207 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900003610

1. Entity Name

CORTEZ DEVELOPMENT, INC.

Principal Place of Business C/O ELEANOR T. WALMSLEY Mailing Address

C/O FLEANOR T. WALMSLEY

10311 SPOONBILL RD. W. BRADENTON FL 34209		10311 SPOONBILL RD. W. BRADENTON FL 34209				1 (4 10 11 11 11 11	I niad id ina ga lel	MUSII ASiei ABI) 	1121 0 0 2101 2	IPII BP II (88)
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			*, ** ~		WRITE IN TI	HIS SP	ACE	. 6
City & Sta	te	City & State	City & State			FEI Number	NOT AP		.E		pplied For ot Applicable
Zip	Country	Zip Coun		ТУ	5. (5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent			7. N	Name and A	dress of Ne	w Register	red Ag	ent	
WALMSLEY, ELEANOR T 10311 SPOONBILL RD. W. BRADENTON FL 34209				Name Street Address (P.O. Box Number is Not Acceptable)							
5.04	5211101112			City					FL	Zip Cod	de
8. The above	named entity submits this statement	t for the purpose of changing its	s registered	d office or reg	istered ag	ent, or both,	in the State o	f Florida.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered	Agent signature re	quired when re	einstating)		DA	NTE		
Tax filing i	oration is eligible to satisfy its Intangil requirement and elects to do so. ria on back)	After MAY 1, 26	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				on Campaigr Fund Contrib				00 May Be d to Fees
11.	OFFICERS AN	D DIRECTORS	12.		AD	DITIONS/CH	IANGES TO	OFFICERS.	AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALMSLEY, ELEANOR 10311 SPOONBILL RD WEST BRADENTON FL 34209	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المراد المستعملين عداد يرسا	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	- · · · · · · · · · · · · · · · · · · ·	s	, Orașe, r	w.s	ا هچه د محم	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	`ADDRESS] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP			- 1 - 1] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T- ZIP		<i>***</i> •••	-		Ē] Change	☐ Addition

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.