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Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91213 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038868

1. Entity Name
P&T DEVELOPMENT, INC.

11005209

Principal Place of Business	Mailing Address
14261 HORSESHOE TRACE WELLINGTON, FL 33414 US	P O BOX 1134 LOXAHATCHEE, FL 33470 US

2. Principal Place of Business	3. Mailing Address
11360 Fortune Circle	P.O. Box 1134
Suite, Apt. #, etc. Suite E6-A	Suite, Apt. #, etc.
City & State Wellington, FL	City & State Loxahatchee, FL
Zip 33414 Country	Zip 33470 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0915146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOHN
12773 W. FOREST HILL STE 1201
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS PHILLIPS, GEOFFREY 14261 HORSESHOE TRACE WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PHILLIPS, GEOFFREY 10397 Acme Road Wellington FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 4-16-03 561-790-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #