2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000044137** MACKEY DEVELOPMENT, INC. 04-30-2001 90090 012 ***150.00 Principal Place of Business Mailing Address 2247 PALM BEACH LAKES BLVD., SUITE 204 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 ERCECUUR 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 65-0920035 Not Applicable 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 MACKEY, WALTER J., JR. MACKEY, WALTER J JR Street 2247 PALM BEACH LAKES BLVD. 1601 FORUM PLACE, SUITE 805 WEST PALM BEACH FL 33401 SUITE 204 Zip Code WEST PALM BEACH 33409 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. WALTER J. MACKEY, JR., PRESIDENT 4/24/01 SIGNATURE nted name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Channe MACKEY JR, WALTER J NAME NAME STREET ADDRESS STREET ADDRESS 772 LAGOON DR CITY-ST-71P CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE Delete TITLE Addition WILLIAMS, EDWARD S NAME NAME STREET ADDRESS 6080 TERRA ROSA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP 111115 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 roceiver 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.

CITY-ST-ZiP

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CCTY-ST-ZIP

SIGNATUR

WALTER J. MACKEY, JR., PRESIDENT

4/24/01

561/684-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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