2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOČUMENT # **P99000072902** 1. Entity Name N.B.D. DEVELOPMENT, INC. 04-13-2001 90043 048 ***158.75 Principal Place of Business Mailing Address 2300 CORPORATE BLVD. SUITE 112 2300 CORPORATE BLVD. SUITE 112 044200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business, 3. Mailing Address AMA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 941L Applied For City & State -City & State 4. FFI Number 65-0959459 Not Applicable Country \$8.75 Additional Country Zip Zip $\boldsymbol{\mathcal{Z}}$ 5. Certificate of Status Desired a.s Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N361 KINSEY, JOHN T Street Address (P.O. Box Number is Not Acceptable) 2300 CORPORATE BLVD, SUITE 112 **BOCA RATON FL 33431** 3191 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change . ☐ Addition TITLE ☐ Delete NAME KINSEY, JOHN T NAME 2300 CORPORATE BLVD, SUITE 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change - Addition - Delete - -TITLE -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

PED OR SPINTED NAME OF SIGN