~2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000080969 FILED SECRETARY OF STATE Development and USE RIGHT "QUR" Co 00 NOV 17 AM 11: 48 Mailing Address Principal Place of Business 18320 GULF BLUD GULF BLUD 18320 Redington Shores, FC 33708 · Redington Shores, FL 33*70*8 2. Principal Place of Business 3. Mailing Address GULF BLUD 18320 18320 GULF BLUD DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FC Redington Redington Shores Not Applicable \$8.75 Additional Country 33708. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Swisher, P.A. Street Address (P.O. Box Number is Not Acceptable) 1st Ave N. 669 St. Petersburg, FC 33701 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. SIGNATURE (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 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE P,S, D TITLE ☐ Delete SMITH BLVD BARRY NAME NAME **BULP** CR2E034 STREET ADORESS STREET ADDRESS 18320 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME ****150.00 ****150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truf and appurate 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 effectle this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

= 423.1

Daytime Phone #

DEVELOPMENT AND USE RIGHT "DUR" CO. 18320 GULF BLVD. REDINGTON SHORES, FL. 33708

11/9/2000

DIVISION_OF CORPORATIONS _____ PO BOX 6327 TALLAHASSEE ,FL. 32314

TO WHOM IT MAY CONCERN:

OUR COMPANY NEVER RECEIVIED OUR 2000 , FILING REPORT OR NOTICES. ENCLOSED, IS A CASHIERS CHECK FOR \$150.00 FOR THE FILING FEE. THANK YOUR HELP IN THIS MATTER.

SINCERELY

BARRY SMITH

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