FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90145 031 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100563

1. Entity Name

CASA DE MAYO DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9320 CLUBSIDE CIRCLE	P.O. BOX 2194
Suite, Apt. #, etc.: #2103	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA	City & State: SARASOTA. FLORIDA
Zip: 34238 Country: USA	Zip: 34230 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN F. COOK, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 2033 WOOD STREET, SUITE 220

City: SARASOTA **FL** Zip Code: 34237

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	CHANDLER, RONALD P.O. BOX 2194 SARASOTA, FL 34238
S/D	DUQUET, NATALIE P.O. BOX 2166 MARCO ISLAND, FL 34146

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Chandler RONALD CHANDLER 7-1-03 (941) 544-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #