FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 13, 2003 8:00 am Secretary of State P99000100649 DOCUMENT # 1. Entity Name 01-13-2003 90343 029 ***150.00 JAIMEES RIDGE DEVELOPMENT, INC. Principal Place of Business Mailing Address 4300 BAYOU BLVD 4300 BAYOU BLVD **STE 21 STE 21** PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3611803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Γ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name · COLLEY, MARSHALL O 11 PINETREE DRIVE Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** City 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 **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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) COLLEY, MARSHALL O ☐ Change ■ Addition NAME NAME 11 PINETREE DRIVE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME DENNISON, FAYETTE ☐ Addition NAME STREET ADDRESS 4300 BAYOU BLVD., STE.21 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE

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

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition