INIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am \$ Secretary of State DOCUMENT # S53483 1. Entity Name LIBBURN DEVELOPMENT COMPANY, INC. 05-05-2003 91850 007 ***150.00 Principal Place of Business Mailing Address COST W. DOCKMOOD BRIVE 6061 W. DOGWOOD DRIVE CRESTVIEW FL 32536 CRESTVIEW FL 32536 3. Mailing Address 2. Principal Place of Business O. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) 6061 W. DOGWOOD AVENUE **CRESTVIEW FL 32536** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 122001 Fee will be \$750.00 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 TITLE ቸው--TITLE ☐ Addition CR2E034 (5/01 ☐ Delete VPODS Change CLARK, W. MAX NAME NAME 6046 BUD MOULTON ROAD STREET ADDRESS STREET ADDRESS **CRESTVIEW FL 32536** CITY-ST-ZIP CITY-ST-7IP VPSD- Change ☐ Addition TITLE ☐ Delete TITLE PD NAME CLARK, TIMOTHY M NAME STREET ADDRESS 6061 W. DOGWOOD DRIVE STREET ADDRESS CITY-ST-ZIP **CRESTVIEW FL 32536** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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-ZIP TITI F ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

SIGNATURE: