## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State V18692 DOCUMENT # 1. Entity Name 05-22-2002 90112 047 \*\*\*150 00 OCEAN WALK DEVELOPMENT, INC. Mailing Address Principal Place of Business 535 SILVER BEACH 326 N ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address 315 N. Atlantic AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3109369 Not Applicable DAYtonA \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON-GEORGE D. Street Address (P.O. Box Number Is Not Acceptable) 3010 PENINSULA DRIVE ...DAYTONA:BEACH FL 32118 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 \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE DP ANDERSON, GEORGE D. NAME NAME STREET ADDRESS 3010 S. PENINSULA DR. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL-32118 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DVT TITLE NAME GEARY, WILLIAM W., JR. NAME STREET ADDRESS 3010 S.-PENINSULA DR. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME 300 N. Atlantic Ave. #1901 FINCKE, GERALD B NAME STREET ADDRESS STREET ADDRESS **5766 PENDLEBURY CT** DAY JONA BEACH, FL 3-118 CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 141 " 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

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14.19.2002 784-257-507)
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