2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # V23242** 1. Entity Name SOUTH SHORE DEVELOPMENT-D.R., INC. 4-25-2001 90152 046 ***150.00 Principal Place of Business Mailing Address 10 ROYAL PALM WAY 10 ROYAL PALM WAY SUITE 203 SUITE 203 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0322839 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONMOYER, VINCENT Street Address (P.O. Box Number is Not Acceptable) 10 ROYAL PALM WAY SUITE 203 **BOCA RATON FL 33432** 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 SIGNATURE DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ■ Addition ☐ Delete TITLE NAME NAME DONMOYER, VINCENT STREET ADDRESS STREET ADDRESS 10 ROYAL PALM WAY, #203 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition ☐ Delete TITLE Change TITLE NAME DONMOYER, VINCENT NAME STREET ADDRESS STREET ADDRESS 10 ROYAL PALM WAY STE 203 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME ORTIZ, RONALDO NAME STREET ADDRESS STREET ADDRESS 10 ROYAL PALM WAY STE 203 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33432** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 with an add with all other like empowered

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

VINCENT DONACTER 4-20-2001 561-445-4788

GOFFICER OR DIRECTOR

Dayline Phone #

Change

Addition