2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # V62365** P.P.B. DEVELOPMENT, INC. 05-08-2000 90001 023 ***150.00 Mailing Address Principal Place of Business PO ROX 288 PO BOX 288 **ELLENTON FL 34222 ELLENTON FL 34222-0288** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0355315 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 BURNSIDE, KENT A Street Address (P.O. Box Number is Not Acceptable) 7322 52ND DR E **BRADENTON FL 34203** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2000 Fee will be \$550.00 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 Change . ☐ Addition ☐ Delete TITLE TITLE PETZOLDT, CURTIS S. NAME NAME 3755 594 AUE CIRE STREET ADDRESS 5827 DRIFTWOOD PLACE STREET ADDRESS CITY-ST-ZIP ELLENTON FL 34222 CITY-ST-ZIP SARASOTA FL Change ☐ Addition Delete TITLE PETZOLDT, C. TODD NAME NAME STREET ADDRESS 8003 US MIGHWAY 301 N -7104 ROLAND OAKS CIR STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL -☐ Change Addition ☐ Delete TITLE BURNSIDE, KENT NAME NAME STREET ADDRESS 7322 52ND DRIVE E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change Addition → □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Mark Mark SM Sections STREET ADDRESS STREET ADDRESS 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 with an address, with all other like empowered.