FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State OCUMENT # V62365 **Entity Name** 05-21-2002 90895 009 ***150.00 P.B. DEVELOPMENT, INC. Mailing Address Principal Place of Business PO BOX 288 PO ROX 288 **ELLENTON FL 34222 ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0355315 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNSIDE, KENT A Street Address (P.O. Box Number is Not Acceptable) 7322 52ND DR E **BRADENTON FL 34203** Zip Code City 8. The apove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. ---- Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE PETZOLDT, CURTIS S. NAME 3755 59 AVENUE CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ELLENTON FL 34222** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE PETZOLDT, C. TODD NAME NAME 6222 TOWERLANE, B-3 STREET ADDRESS STREET ADDRESS -8003 US HIGHWAY 301 NORTH SARASOTA FL CITY-ST-ZIP PARRISH-FL-34219-CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BURNSIDE, KENT NAME NAME STREET_ADDRESS_ 7322 52ND DRIVE E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

| 103 + 40 | 103 + 103 | 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 104 + 104 | 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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