

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90086 049 ***158.75

DOCUMENT # 353355

1. Entity Name

MISSION DEVELOPMENT COMPANY

Principal Place of Business

POST OFFICE BOX 9726
 31 W. 20TH ST.
 RIVIERA BEACH FL 33404

Mailing Address

POST OFFICE BOX 9726
 31 W. 20TH ST.
 RIVIERA BEACH FLA 33404-6155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1363419

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired: **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, PHILIP D
31 WEST 20TH ST
RIVIERA BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ASD	<input type="checkbox"/> Delete
NAME	KUHRTS, D M	
STREET ADDRESS	31 W 20TH ST	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEWIS, MARY ELLEN	
STREET ADDRESS	31 W 20TH ST	
CITY-ST-ZIP	RIVIERA. BCH, FL 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	LEWIS, PHILIP D	
STREET ADDRESS	31 W 20TH ST	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

Philip D Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
 Date

(561) 844-0201
 Daytime Phone #