

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90081 001 ***317.50

DOCUMENT # **543475**

1. Entity Name

LAN DEVELOPMENT COMPANY

CA# 8922

26 APR 2002

Principal Place of Business

3939 BLOOMING HILL LANE

PALM HARBOR FL 34684

US

Mailing Address

3939 BLOOMING HILL LANE

PALM HARBOR FL 34684

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1761338

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONA, MICHAEL P. N.

3939 BLOOMING HILLS LANE

PALM HARBOR FL FL 34684

Name

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

3939 BLOOMING HILL LANE

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
MONA, MICHAEL P N
3939 BLOOMING HILL LANE
PALM HARBOR FL 34684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
MONA, NELLY E.
3939 BLOOMING HILL LANE
PALM HARBOR FL 34684

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 2002

747-934-7227

Date

Daytime Phone #

CR2E034 (9/01)