

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082551

1. Entity Name
VA DEVELOPMENT, INC.



FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 034 ***150.00

Principal Place of Business
1530 PINEHURST DRIVE
SPRING HILL FL 34606

Mailing Address
1530 PINEHURST DRIVE
SPRING HILL FL 34606

33001017



2. Principal Place of Business

5236 Commercial Way
Suite, Apt. #, etc.
Suite A

3. Mailing Address

5236 Commercial Way
Suite, Apt. #, etc.
Suite A

☐ CHECK HERE IF MAKING CHANGES

City & State
SPRING HILL FL

City & State
SPRING HILL FL

4. FEI Number 59-3408128

Applied For
Not Applicable

Zip Country
34606

Zip Country
34606

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

6. Name and Address of Current Registered Agent

ACKLEY, RODNEY S
1530 PINEHURST DR
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ACKLEY, RODNEY S	
STREET ADDRESS	1530 PINEHURST DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	☐ Delete
NAME	VAN BEBBER, GREGORY E	
STREET ADDRESS	220 NEVEL ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	☒ Delete
NAME	ACKLEY, EVA F	
STREET ADDRESS	1530 PINEHURST DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/29/03 Daytime Phone #

CR2E034 (10/02)