

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90127 007 ***158.75

DOCUMENT # 353355

1. Entity Name
MISSION DEVELOPMENT COMPANY

Principal Place of Business

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

Mailing Address

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

429759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1495 FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE G

City & State

WEST PALM BEACH, FL

Zip

33406

Country

USA

3. Mailing Address

1495 FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE G

City & State

WEST PALM BEACH, FL

Zip

33406

Country

USA

4. FEI Number

59-1363419

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, PHILIP D

31 WEST 20TH ST
RIVIERA BEACH FL

7. Name and Address of New Registered Agent

Name

DANIEL P. LEWIS

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

1495 FOREST HILL BLVD., SUITE G

City

WEST PALM BEACH

FL

Zip Code

33406

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

Daniel P. Lewis **DANIEL P. LEWIS**

4/29/02

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, KEVIN C.	
STREET ADDRESS	1495 FOREST HILL BLVD., SUITE G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, DANIEL P.	
STREET ADDRESS	1495 FOREST HILL BLVD., SUITE G	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Daniel P. Lewis **DANIEL P. LEWIS, President, Treasurer Director** **4/29/02** **56/964 0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #