

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90260 038 \*\*\*150.00

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**DOCUMENT # 385232**

1. Entity Name  
**DEERING DEVELOPMENT CO.**



Principal Place of Business  
**1626-90TH AVE.  
BOX 370  
VERO BEACH FL 32961-7370**

Mailing Address  
**1626-90TH AVE.  
BOX 370  
VERO BEACH FL 32961-7370**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1371057**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RICHARDSON, DANFORTH K  
1626-90TH AVE.  
VERO BEACH FL 32966**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 - 28TH AVE	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	ATS	<input type="checkbox"/> Delete
NAME	RUST, GARY M	
STREET ADDRESS	405- 33RD AVE SW	
CITY-ST-ZIP	VERO BCH FL 32968	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Tomas Rene Perez-TS* **REQUIRED** **Tomas Rene Perez-TS - April 15th, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)