

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454285

1. Entity Name
MARKET DEVELOPMENT GROUP, INC.

Principal Place of Business

2980 ALTON DRIVE
ST PETE BEACH FL 33706
US

Mailing Address

2980 ALTON DRIVE
ST PETE BEACH FL 33706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SANDERS, ELIZABETH E
954 MONTROSE BLVD N
ST PETERSBURG FL 33703

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.

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	SANDERS, MARYANN	
STREET ADDRESS	4141 HORIZON NORTH PARKWAY	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDERS, TOM	
STREET ADDRESS	4141 HORIZON NORTH PARKWAY	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SANDERS, MARY RIVES	
STREET ADDRESS	2980 ALTON DRIVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SANDERS, C.W. JR	
STREET ADDRESS	2980 ALTON DRIVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDERS, ELIZABETH E	
STREET ADDRESS	954 MOTROSE BLVD N	
CITY-ST-ZIP	ST PETE FL 33703	
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	<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	
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:

C.W. SANDERS JR
C.W. Sanders Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-01 (727) 360 4353

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90360 003 ***158.75

736094



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433379

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (10/00)

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