

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90126 045 \*\*\*158.75

**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**

**40004145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3433379**

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

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

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 **VD** ☐ Delete  
NAME **SANDERS, MARYANN**  
STREET ADDRESS **4141 HORIZON NORTH PARKWAY**  
CITY-ST-ZIP **DALLAS TX 75287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SANDERS, TOM**  
STREET ADDRESS **4141 HORIZON NORTH PARKWAY**  
CITY-ST-ZIP **DALLAS TX 75287**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PSTD** ☐ Delete  
NAME **SANDERS, MARY RIVES**  
STREET ADDRESS **2980 ALTON DRIVE**  
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **SANDERS, C.W. JR**  
STREET ADDRESS **2980 ALTON DRIVE**  
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SANDERS, ELIZABETH E**  
STREET ADDRESS **954 MONTROSE BLVD N**  
CITY-ST-ZIP **ST PETE FL 33703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 7, 2003 (727) 360 4353**

Date

Daytime Phone #

CR2E034 (10/02)